

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE -SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number 95-10439
Date Received: 5/4/2009
Receipt No: N020537
Received By: Am

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

SATCHWELL DONALD & DOROTHY FAMILY LIMITED PARTNERSHIP - DOROTHY SATCHWELL
TRUSTEE Phone: (208) 773-5285

8294 N IDAHO RD
POST FALLS ID USA 83854

2. Date of Priority: 12/01/1975

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	05W	23	SW NE	KOOTENAI	

5. Description of diverting works:

250 HP PUMP & SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/01	10/01	0.93	240

7. Total Quantity Appropriated is:
0.93 C.F.S. and/or 240 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
51N	05W	23	NE NE	IRRIGATION	40
			NW NE	IRRIGATION	40

Section Acres 80
Total Acres 80

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

CLAIM IS A PORTION OF 95-7571

15. Basis of Claim: License

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do ✓ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Organizations:

I do solemnly swear or affirm that I am Dorothy Satchwell of
~~Dorothy Satchwell~~ Title
~~Family Limited Partnership~~ Organization, that I have signed the foregoing
document in the space below as trustee of
~~Dorothy Satchwell~~ Title
~~Family Limited Partnership~~ Organization and that the statements contained in the
foregoing document are true and correct. Dorothy Satchwell

Signature of Authorized Agent
Trustee of Dorothy Satchwell Limited Partnership
Title and Organization

May 8 - 2009
Date

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this
of _____ 20__

Notary Public

Residing at _____

My commission Expires _____

State of Idaho
Department of Water Resources
Adjudication Claim

95-10439

Water Service Area Boundary for Dorothy Satchwell

April 29, 2009



Legend

-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters

0 0.05 0.1 0.2 Miles

