

**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: 95-9831**

Date Received: 08/15/2011

Receipt No.: N027936B

dm

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
STAR SHEWEY	PO BOX 404	BLANCHARD	ID	USA	83804

2. Date of Priority:

Date	Explanation
10/21/1977	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	05W	8		SW	SE	BONNER

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description				
DOMESTIC	1	-					
FIRE PROTECTION	-	-					
STOCKWATER	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Mixed Stock</td><td>11 - 25</td></tr></table>	Type of Stock	Number of Stock	Mixed Stock	11 - 25	APPROXIMATELY 20 HEAD HORSES AND CATTLE HAVE BEEN ON PROPERTY USING WATER FROM WELL.
Type of Stock	Number of Stock						
Mixed Stock	11 - 25						

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1 / 1	12 / 31

DOMESTIC	1 / 1	12 / 31
FIRE PROTECTION	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	1.20	0.0
FIRE PROTECTION	0.060	0.00	0.0
STOCKWATER	0.020	0.40	0.0

Totals:

CFS	AF	KW
0.060	1.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	54N	05W	8	NW	SE	BONNER	-	-
DOMESTIC	54N	05W	8	SW	SE	BONNER	-	-
FIRE PROTECTION	54N	05W	8	NW	SE	BONNER	-	-
FIRE PROTECTION	54N	05W	8	SW	SE	BONNER	-	-
STOCKWATER	54N	05W	8	SW	SE	BONNER	-	-

9. Basis of Claim:

Basis	WaterRight
License	95-9831

10. 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 Coeur d'Alene-Spokane 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: _____

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Star Shewey Date: Aug 14, 11

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name