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NO 27587

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Claim Number:	93-7275
Claim Fee:	\$25.00
Claimant(s):	WANDA GATES
	PO BOX 672549
	CHUGIAK , AK
	99567
Claimed Purpose(s) of Use:	DOMESTIC

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Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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 49576
NUMBER:
Ident. Number: 93-7275
Date Received:
Receipt No.:****NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW****1. Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
WANDA GATES	PO BOX 672549	CHUGIAK	AK	USA	99567

2. Date of Priority:

Date	Explanation
5/1/1966	BASED ON INFORMATION FROM MY MOTHER, UNCLE AND COUSINS LIVING IN TENSED, THEIR WERE ABOUT SIXTEEN DEEP WELLS DRILLED IN TENSED AROUND THE SAME TIME. I PUT DOWN MAY 1st BECAUSE I THOUGHT THEY WOULD HAVE TO WAIT UNTIL SPRING TO DRILL. THEY ALL THOUGHT IT WAS IN THE LATE 1960s. THE OLD TRAILER WHICH WAS PURCHASED BY MY PARENTS THAT SAT ON THE LOT WAS A 1966.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
44N	05W	14		NE	NE	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	HOUSEHOLD AND LAWN WATERING

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.030	0.00	0.0

Totals:

CFS	AF	KW
0.030	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	44N	05W	14	NE	NE	BENEWAH	-	-
DOMESTIC	44N	05W	14	NE	NE	BENEWAH	-	-
DOMESTIC	44N	05W	14	NE	NE	BENEWAH	-	-

9. Basis of Claim:

Basis

Beneficial Use

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): Wanda Gato Date: 6-5-2011
 _____ Date: _____

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