

**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: 95-9666
Date Received: 1-
Receipt No.: NO 28119

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
WAYNE MARTER	140 TAG ALONG WAY	ATHOL	ID	USA	83801
SHERRY MARTER	140 TAG ALONG WAY	ATHOL	ID	USA	83801

2. Date of Priority:

Date	Explanation
8/27/1909	

3. Source:

Source	Tributary	Type
CAREYWOOD CREEK	COCOLALLA CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	02W	19		SE	NE	BONNER

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4 / 1	10 / 31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.080	0.00	0.0

Totals:

CFS	AF	KW
0.080	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	4

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	54N	02W	19	SE	NE	BONNER	-	4

9. Basis of Claim:

Basis	WaterRight
License	95-9666

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): Wayne Martin Date: 9-16-11
 _____ 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