

**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:

94-07446

Date Received:

NOV 28 2011 B

Receipt No.:

MM

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PETER B. WECHSLER	113 E 3RD STREET	POST FALLS	ID	USA	83854
LOIS J. WECHSLER	113 E 3RD STREET	POST FALLS	ID	USA	83854
JAMES C. GEORGE	113 E 3RD STREET	POST FALLS	ID	USA	83854
VALERIE J. GEORGE	113 E 3RD STREET	POST FALLS	ID	USA	83854

2. Date of Priority:

Date	Explanation
7/17/2008	

3. Source:

Source	Tributary	Type
SPRING	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	04E	25		SW	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

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	0.010	0.60	0.0

Totals:

CFS	AF	KW
0.010	0.60	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	04E	25	SE	NW	SHOSHONE	-	-

9. Basis of Claim:

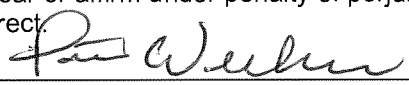
Basis	WaterRight
License	94-07446

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):  Date: 9-30-2011
 _____ 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