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Claim Number: 94-8402

Claim Fee: \$25.00

Claimant(s): NORMAN & JUDY MANKA

890-A-DRUMMOND PEAK ROAD
KINGSTON, ID
83839

Claimed Purpose(s) of Use: DOMESTIC

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**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. 94-8402
Number:
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
NORMAN & JUDY MANKA	890-A-DRUMMOND PEAK ROAD	KINGSTON	ID	USA	83839

2. Date of Priority:

Date	Explanation
1/1/2000	That is the Date well was finished.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	02E	7		SE	SW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	For home

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 | 0.040 | 0.00 | 0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	02E	7	SE	SW	SHOSHONE	-	-

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: 1

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): Norman D. Manka

Date: 9-29-2011
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