

**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: 94-8444

Date Received: 10/31/2011 *fm*
Receipt No.: NO28220B

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
WILMA LANG	5112 B CDA RIVER ROAD	KINGSTON	ID	USA	83839

2. Date of Priority:

Date	Explanation
7/13/1907	SERIAL PATENT IDIDAA 027467 ISSUED 7.13.1907

3. Source:

Source	Tributary	Type
HAZENDORF GULCH CREEK	NORTH FORK COEUR D ALENE RIVER	INSTREAM BEGINNING
HAZENDORF GULCH CREEK	NORTH FORK COEUR D ALENE RIVER	INSTREAM ENDING
UNNAMED STREAM	NORTH FORK COEUR D ALENE RIBVER	INSTREAM BEGINNING
UNNAMED STREAM	COEUR D ALENE RIVER	INSTREAM ENDING

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	02E	17		NW	NE	SHOSHONE
49N	02E	17		NW	NE	SHOSHONE
49N	02E	17		NW	NE	SHOSHONE
49N	02E	17		NW	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	MIXED STOCK PIGS, CATTLE, HORSES.
		Mixed Stock	26 - 50	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	49N	02E	17	NW	NE	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):  Date: 10-3-11

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