

**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: 95-16051
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
CLINT BETTERIDGE	13930 DRY CRK RD	AUBURN	CA	USA	95602

2. Date of Priority:

Date	Explanation
1/10/1890	The Cabin on this property was the old Stage stop. The Cabin is over a hundred years old.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
KELSO LAKE	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	03W	21	8	SE	SE	BONNER
54N	03W	21	8	SE	SE	BONNER

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION	-	-	Water fruit trees

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31
IRRIGATION	4 / 1	10 / 31

SCANNED
OCT 27 2011

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.010	0.00	0.0
IRRIGATION	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	1.4

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	54N	03W	21	SE	SE	BONNER	8	-
IRRIGATION	54N	03W	21	SE	SE	BONNER	8	1.4

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): _____ Date: _____
 _____ 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 _____

SCANNED
OCT 27 2011

Title and Organization _____
Please print name

SCANNED
OCT 27 2011