

**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: 94-8553
Date Received: 11/01/2011 *lm*
Receipt No.: NO 28432

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
EVELYN B. DRAGER	PO BOX 421	OSBURN	ID	USA	83849

2. Date of Priority:

Date	Explanation
9/2/1892	SERIAL PATENT ISSUED 9.2.1892 TO THOMAS REYNOLDS. (SEE ATTACHMENT)

3. Source:

Source	Tributary	Type
SHIELDS GULCH CREEK	COEUR D ALENE RIVER	INSTREAM BEGINNING
SHIELDS GULCH CREEK	COEUR D ALENE RIVER	INSTREAM ENDING

South Fork CNA River EP

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04E	20		NW	SW	SHOSHONE
48N	04E	20		SW	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	15 HEAD MIXED STOCK. DAIRY FARM HISTORIC USE, HORSES CURRENTLY ON PROPERTY.
		Mixed Stock	11 - 25	

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	48N	04E	20	NW	SW	SHOSHONE	-	-
STOCKWATER	48N	04E	20	SW	NW	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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

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): Lynette B. Drager Date: 11-1-11
 _____ 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