

**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: 94-07374
Date Received: 11-1-11
Receipt No.: 2028427

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MULLAN SCHOOL DISTRICT NO 392	PO BOX 71	MULLAN	ID	USA	83846-0071

2. Date of Priority:

Date	Explanation
2/6/1998	

RECEIVED

NOV - 1 2011

IDWR/NORTHERN

3. Source:

Source	Tributary	Type
DEAD MAN CREEK	COEUR D ALENE RIVER	
DEAD MAN CREEK	COEUR D ALENE RIVER	
DEAD MAN CREEK	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	05E	25		SW	NW	SHOSHONE
48N	05E	35		NE	NW	SHOSHONE
48N	05E	35		NE	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4 / 15	10 / 31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.060	6.00	0.0

Totals:

CFS	AF	KW
0.060	6.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	2

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	48N	05E	35	NW	NW	SHOSHONE	1	1.8

9. Basis of Claim:

Basis	WaterRight
License	94-07374

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

Superintendent of Schools of Mullan School Dist # 392
 Title Organization

that I have signed the foregoing document in the space below as

Superintendent of Schools of Mullan School Dist # 392
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Robin Stanley Date 10-28-11
 Title and Organization Superintendent Robin Stanley
 Please print name