

**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: 94-8681

Date Received: 11/22/11

Receipt No.: N028631

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MONTE MILLER	25566 E MEADOW ROAD	CATALDO	ID	USA	83810

2. Date of Priority:

Date	Explanation
9/25/2007	Well was drilled on that date

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	01W	34		SW	SE	KOOTENAI
49N	01W	34		SW	SE	Kootenai

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

Water Use	Number Of Homes	Stock	Description
MULTIPLE USE Domestic Stockwater	-	-	DOMESTIC AND IRRIGATION

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
MULTIPLE USE Domestic Stockwater	1/1	12/31
	1/1	12/31

7. Quantity:

Water Use	CFS	AF	KW
Domestic MULTIPLE USE Stockwater	0.030	0.00	0.0
Totals:			
CFS	AF	KW	
0.030	0.00		

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
MULTIPLE USE	49N	01W	34	SW	SE	KOOTENAI	-	-

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): *Monte D. Miller* Date: 11-22-11
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