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**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: 94-8625
Date Received: 11-21-11
Receipt No.: N028613

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
TERESA MEACHAM	1434 14TH STREET	LEWISTON	ID	USA	83501

2. Date of Priority:

Date	Explanation
5/8/2009	Installation of new well.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	04E	29		NE	SW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Private summer cabin--one bath, possible sprinklers for fire danger.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	5 / 1	11 / 1

7. Quantity:

Water Use	CFS	AF	KW

DOMESTIC | 0.040 | 0.00 | 0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	04E	29			SHOSHONE	44	-

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: 4

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): Teresa E. Meacham Date: 11/17/11
 _____ 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

Teresa E Meacham

You have chosen to pay your claim fees by mail to:

Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

94-8625

Write the claim number on all correspondence and include the claim stub and any supporting documents.

By clicking below to submit my/our claim, I/We acknowledge reading and understanding the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Water System Adjudication." Idaho Code §42-1409.

I/We also solemnly swear or affirm under penalty of perjury that the statements contained in the notice of claim are true and correct. Idaho Code §42-1409.

[Click here to submit claim to IDWR and print claim stub.](#)

[Close](#)

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