

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 95-15854

Date Received: 6-3-10

Receipt No: N024764

Received By: [signature]

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

JUN - 4 2010

IDWR/North

Please type or print clearly

1. Name of Claimant (s) GERALD F. ANDERSON Phone (208) 819.6448

Mailing Address 7739 W. HIGHLAND DR. COEUR D' ALENE, IDAHO ZIP 83814
Street or Box City State

2. Date of Priority (Only one (1) per claim) MAY 15, 1986
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 50N, Range 04W, Section 07
SW 1/4, 1/4 of _____, 1/4 Govt. Lot _____, BM., County of _____

Parcel (PIN) no. 50N.04W.076500

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well. _____

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For DOMESTIC & GARDEN purposes from 4-15 to 10-30 amount .04 or _____

For DOMESTIC purposes from 11-1 to 4-14 amount .03 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) DOMESTIC - ONE HOUSEHOLD & GARDEN IRRIGATION

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
50N	04W	07											D						D

Parcel (PIN) no(s). _____

Total number of acres irrigated 1

10. In which county (ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (X) No ()

If your answer is No, describe in Remarks below the authority you have to claim this water right.

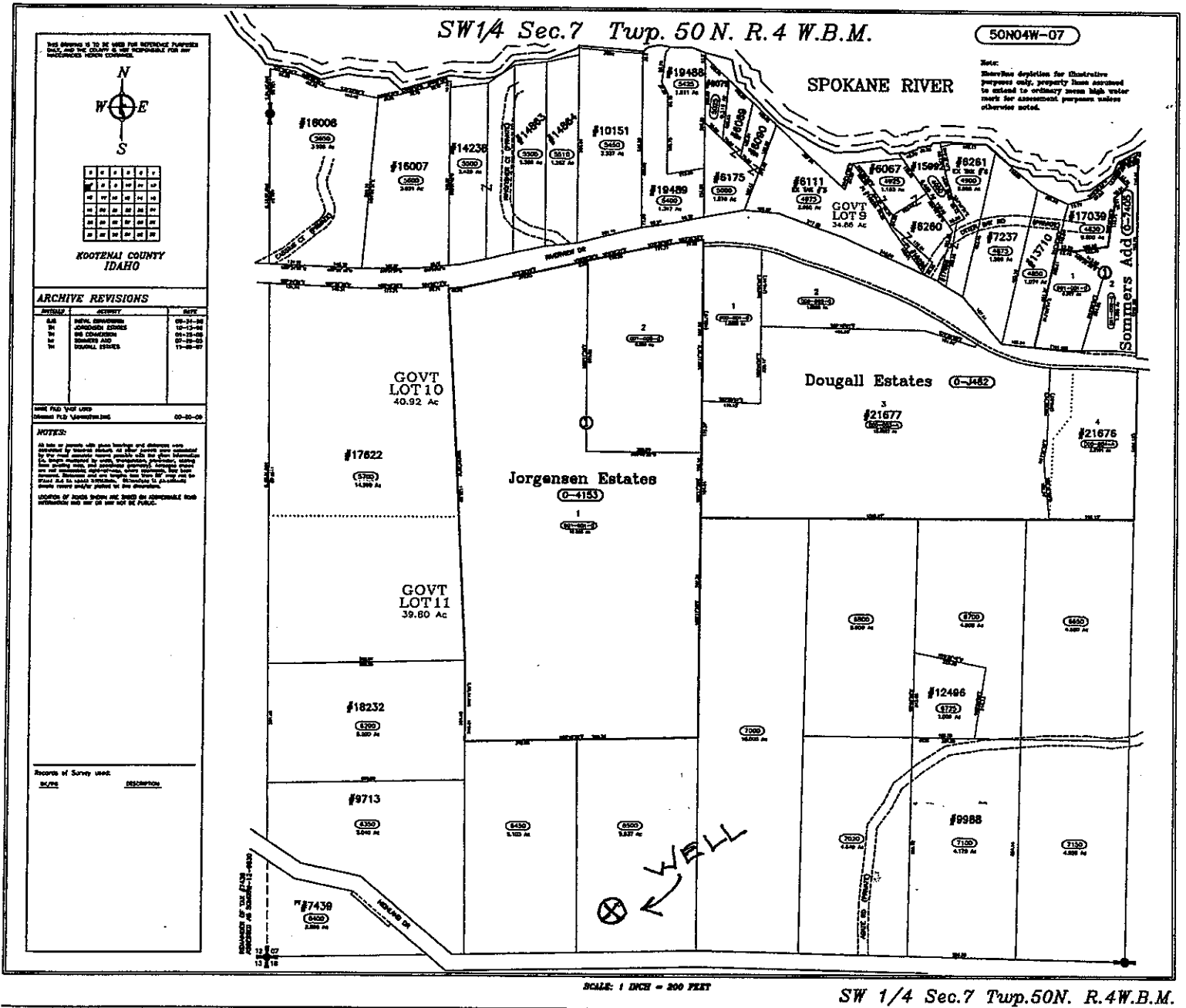
12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None ()

13. Remarks: _____

Last Name ANDERSON Identification No. 50N04W076500

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.



Last Name ANDERSON

Identification No. 50N04W076500

14. Basis of Claim (Check One) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do (X) do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 4 PAGES TOTAL

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) Sheldon G. Anderson Date: 5.30.10

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

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

Title of _____ Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name ANDERSON Identification No. 50N04W076500