

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 94-7610
Date Received: 6/17/2010
Receipt No: NO 24977
Received By: J.T.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

BUFORD D MC DANIEL
RUBY MC DANIEL
S 12526 ROSE CREEK RD
CATALDO ID USA 83810

Phone: (208)682-2314

2. Date of Priority: 04/01/1912

3. Source: SPRINGS , SPRINGS , GROUND WATER Trib. to: ROSE CREEK , ROSE CREEK ,

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
49N	01W	29	~~Q.M.~~ SE SW	KOOTENAI	
49N	01W	32	~~SW~~ NE NW	KOOTENAI	
49N	01W	29	SW SW	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:

0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of homes: 2

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	01W	29	SW	SW	DOMESTIC	
			SE	SW	DOMESTIC	

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

2 SPRINGS PIPED TO HOMES
HAND DUG WELL USED FOR GARDEN AND LAWN

15. Basis of Claim: Beneficial Use

16. 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: _____

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): Buford M. Davis Date: 6-17-10

Date: _____