

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 94-7678
Date Received: 8/17/2010
Receipt No: N025428B
Received By: *MM*

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

1. Name of Claimant(s)

CLAUDIA CHILDRESS Phone: (208)682-3052
60 BEAVER CREEK RD
WALLACE ID USA 83873

2. Date of Priority: 11/07/1945

3. Source: CARPENTER CREEK Trib. to: BEAVER CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
50N	04E	31	NE SE 9	SHOSHONE	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	0.2	

7. Total Quantity Appropriated is:

0.2 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
50N	04E	32	SW NW	IRRIGATION	0.9
			SE NW	IRRIGATION	2.4
			SE NW	IRRIGATION	0.3
			NE SW	IRRIGATION	0.5
			NE SW	IRRIGATION	2.5
			NE SW	IRRIGATION	11
			NE SW 6	IRRIGATION	0.2
			NW SW	IRRIGATION	1.3
			NW SW	IRRIGATION	0.4
			NW SW	IRRIGATION	12
Section Acres					31.5
Total Acres					31.5

11. Place of use in counties: SHOSHONE

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

13. Other Water Rights Used: NONE

14. Remarks: LIMITED TO 10 ACRES OF IRRIGATION WITHIN THE IRRIGATION SEASON.

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: ~~2~~ 3

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): Claudia Johnson Date: 8-17-10

Date: _____