

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 94-2213
Date Received: 12-8-11
Receipt No: NO 28764 A
Received By: CW

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)
CENTRAL SHOSHONE COUNTY WATER DISTRICT Phone: (208) 786-9141
409 S MAIN ST
KELLOGG ID USA 83837

RECEIVED

2. Date of Priority: 09/25/1956

DEC - 8 2011

3. Source: GROUND WATER Trib. to:

IDWR/NORTHERN

4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County Type
49N 02E 30 SE SW SHOSHONE

5. Description of diverting works:

6. Water is used for the following purposes:
Purpose From To C.F.S. (or) A.F.A
MUNICIPAL 01/01 12/31 12.9

7. Total Quantity Appropriated is:
12.9 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use: WITHIN THE SERVICE AREA OF CENTRAL SHOSHONE COUNTY WATER DISTRICT

11. Place of use in counties: SHOSHONE

12. Do you own the property listed above as place of use? No

13. Other Water Rights Used:

14. Remarks:

Right includes accomplished change in point of diversion pursuant to Section 42-1425, Idaho Code.

Place of use is within the service area of Central Shoshone County Water District as provided for under Idaho law.

Right includes accomplished change in place of use pursuant to Section 42-1425, Idaho Code.

15. Basis of Claim: License

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 _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Organizations:

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

MANAGER of CENTRAL SHOSHONE CO. WATER DIST
Title Organization

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

MANAGER of CENTRAL SHOSHONE CO. WATER DIST

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

[Signature]
Signature of Authorized Agent

MANAGER
Title and Organization

12/2/11
Date