

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 94-4263
Date Received: 12-8-11
Receipt No: W028764 E
Received By: *lm*

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
2. Date of Priority: 05/05/1885
3. Source: MILO CREEK Trib. to: COEUR D ALENE RIVER SOUTH FORK
4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
48N	02E	13	SW NE	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	3	
7. Total Quantity Appropriated is:
3 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:

RECEIVED
DEC - 8 2011
IDWR/NORTHERN

14. Remarks:

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

Right includes accomplished change in place of use 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.

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 _____ 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 of Authorized Agent

MANAGER
Title and Organization

12/2/11
Date