

**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: 94-8836

Date Received: 12/08/2011

Receipt No.: 1020756

dm

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PETRA T. BAILEY	PO BOX 80	OSBURN	ID	USA	83849
KRESS TENHONEN	C O PETRA T. BAILEY, PO BOX 80	OSBURN	ID	USA	83849
TOYA HATFIELD	C O PETRA T. BAILEY, PO BOX 80	OSBURN	ID	USA	83849

2. Date of Priority:

Date	Explanation
1/1/1959	I VISITED THE ORIGINAL CABIN ON THE PROPERTY AS A CHILD IN 1959 AND RECALL THAT THERE WAS WATER AVAILABLE ON THE PROPERTY AT THAT TIME. I WAS WARNED TO STAY AWAY FROM THE WELL. THIS WAS BEFORE ANY CITY WATER OR OTHER SOURCE OF DOMESTIC WATER WAS AVAILABLE. A 1968 HOME WAS BUILT ON THE PROPERTY BY MY AUNT AND UNCLE AND ONTINUES TO USE WATER FROM THE WELL. THE CABIN HAS BEEN REMOVED.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	03E	13		SE	NW	SHOSHONE

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	03E	13	SE	NW	SHOSHONE	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. 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 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): Petra Bailey Date: 12-8-11
 _____ Date: _____

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

_____ of _____,
 Title Organization

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

_____ of _____,
 Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name