

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

RECEIVED

DEC - 7 2011

IDWR/NORTHERN

Ident. Number 94-7009
Date Received: 12-7-11
Receipt No: N028745 D
Received By: Chad

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)
EAST SHOSHONE COUNTY WATER DISTRICT Phone: (208) 752-1174
606 CEDAR ST
WALLACE ID USA 83873
2. Date of Priority: 10/23/1969
3. Source: EXPERIMENTAL DRAW CREEK Trib. to: PLACER CREEK
4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
47N	04E	3	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	6	
7. Total Quantity Appropriated is:
6 C.F.S.
8. Total consumptive use:
9. Non-irrigation uses:
10. Place of use:
WITHIN THE SERVICE AREA OF EAST 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:

A measuring device of a type approved by the Department shall be permanently installed and maintained as part of the diverting works.

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

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

District Manager of E. Shoshone County Water District
Title Organization

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

Carl Scheel of E. Shoshone County Water District
and that the statements contained in the foregoing document are true and correct.

Carl Scheel
Signature of Authorized Agent

Manager, E Shoshone County Water Dist.
Title and Organization

12/7/11
Date