

**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 49576
NUMBER:
Ident. Number: 94-8744
Date Received:
Receipt No.: *N028682***

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LUCKY LAWRENCE	4912 BEAVER CREEK ROAD	WALLACE	ID	USA	83873
PATRICIA LAWRENCE	4912 BEAVER CREEK ROAD	WALLACE	ID	USA	83873

2. Date of Priority:

Date	Explanation
12/31/1968	Previous owners remodeled the house(we now own)in 1968 and it is my belief that the well was in use at that time.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	04E	22		NE	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	We use it for drinking, bathing, cooking, cleaning, general household use.

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	0.220	0.00	0.0

Totals:

CFS	AF	KW
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0.220 | 0.00 |

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	04E	22	NE	NW	SHOSHONE	-	-

9. Basis of Claim:Basis

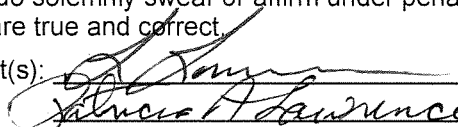
Beneficial Use

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: 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):  Date: 11-30-11
Patricia A. Lawrence Date: 11-30-11

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

Print Claim Stub

Thank you for submitting your claim to IDWR.

If paying in person, please print this page and bring it with you.

If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.

Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

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Claim Number: 94-8744

Claim Fee: \$25.00

Claimant(s): LUCKY LAWRENCE

4912 BEAVER CREEK ROAD
WALLACE, ID

83873

PATRICIA LAWRENCE

4912 BEAVER CREEK ROAD
WALLACE, ID

83873

Claimed Purpose(s) of Use: DOMESTIC

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Office address and phone number:

Idaho Department of Water Resources
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Coeur d'Alene, ID 83815
(208) 762-2800