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**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

Department of Water Resources
Adjudication Bureau

**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: **94-8517**
Date Received:
Receipt No.: **4999999**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
UNITED STATES OF AMERICA ACTING ON BEHALF OF THE USDA FOREST SERVICE	550 W. FORT STREET MSC 033	BOISE	ID	USA	83724

2. Date of Priority:

Date	Explanation
8/8/1980	Finished date on Well Drillers Report 94-80-N-48.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	02E	19		NE	SW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Magee Work Center and cabin at former Trail Creek Work Center. This water right is used in conjunction with 94-08621 and is limited to a total combined diversion rate of 0.04 cfs.

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	52N	02E	19	NE	SW	SHOSHONE	-	-
DOMESTIC	52N	02E	19	NW	NE	SHOSHONE	-	-
DOMESTIC	52N	02E	19	SW	NE	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: 1

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: _____
 _____ Date: _____

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

Idaho Water Right Coordinator of USDA Forest Service
 Title Organization

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

Idaho Water Right Coordinator of USDA Forest Service
 Title Organization

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

Signature of Authorized Agent Steven M. Spencer Date 11/14/11
 Title and Organization Idaho Water Right Coordinator USDA Forest Service

Please print name **STEVEN M. SPENCER**

