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Claim Number: 92-07211
Claim Fee: \$25.00
Claimant(s): DENNIS OR LEVENE MCPOLAND
PO BOX 517
ST MARIES , ID
83861-0517
Claimed Purpose(s) of Use: DOMESTIC

(Levene's
prior
name
original
claim
Filed
under
Last
Name of
"Tester")

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Office address and phone number:

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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: 92-07211
Date Received:
Receipt No.:**

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW****1. Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
DENNIS OR LEVENE MCPOLAND	PO BOX 517	ST MARIES	ID	USA	83861-0517

2. Date of Priority:

Date	Explanation
5/18/1994	First filed for permit when house was built on the property in 1994. Was told by Coeur d'Alene office of Idaho Dept. of Water Resources to reapply at this time for Idaho adjudication of rights for use of water.

3. Source:

Source	Tributary	Type
ST JOE RIVER	COEUR D ALENE LAKE	
ST. JOE RIVER	COEUR D'ALENE LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	02W	16	9	SW	SW	BENEWAH
46N	02W	16	9			BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	lawn and garden irrigation

6. Season(s) of Use:

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

7. Quantity:

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Water Use	CFS	AF	KW
DOMESTIC	0.040	1.20	0.0

Totals:

CFS	AF	KW
0.040	1.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	46N	02W	16	SW	SW	BENEWAH	9	-

9. Basis of Claim:

Basis	WaterRight
License	92-07211

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: 0 (map on file with existing permit)

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): *Levene McPoland* Date: 5/16/11

Levene McPoland Date: 5/16/11

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