

**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: 94-8932
Date Received: 12/15/2011
Receipt No.: T094469**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
12/15/2011	T094469	\$92.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LUTHERHAVEN MINISTRIES	3258 WEST LUTHERHAVEN ROAD	COEUR D'ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
1/1/1956	The site has been a USFS camp since 1918. The oldest existing building on camp, the kitchen and dining hall, was constructed in 1956.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
SURFACE WATER	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	04E	5		SW	SE	SHOSHONE
50N	04E	5		SW	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description

COMMERCIAL STORAGE	-	-	Public Drinking Water, Commercial Kitchen, Seasonal Recreational Camp, Stock Watering
IRRIGATION	-	-	Surface water from Shoshone Creek used for irrigation of lawns

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
COMMERCIAL STORAGE	1 / 1	12 / 31
IRRIGATION	5 / 1	10 / 1

7. Quantity:

Water Use	CFS	AF	KW
COMMERCIAL STORAGE	0.220	0.10	0.0
IRRIGATION	0.330	0.00	0.0

Totals:

CFS	AF	KW
0.550	0.10	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	20

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
COMMERCIAL STORAGE	50N	04E	5			SHOSHONE	37	-
IRRIGATION	50N	04E	5			SHOSHONE	37	0

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): _____ Date: _____
 _____ Date: _____