

**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: 94-7981
Date Received: 06/06/2011
Receipt No.: T093336

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Payment:

Date Submitted	IDWR Receipt No.	Amount
06/06/2011	T093336	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN KRAACK	35979 S HWY 3	ST MARIES	ID	USA	83861
MARLA KRAACK	35979 S HWY 3	ST MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
6/1/2005	This is approximately when we drilled the well.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
SNOW AND SPRING RUN OFF / CLASS 2 STREAM	CLASS 2 STREAM THROUGH OUR PROPERTY WE CALL IT KRAACK CREEK	INSTREAM BEGINNING
SNOW&&&&&&&&&SPRING RUN OFF/KRAACK CREEK	COEUR D ALENE RIVER	INSTREAM ENDING

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
47N	02W	6		SW	NE	KOOTENAI
47N	02W	6		SW	NE	KOOTENAI
47N	02W	6		SE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Drinking, Cleaning, Washing, Flushing, Hosing, Brushing, Living.

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	47N	02W	6	NE	SW	KOOTENAI	-	-
DOMESTIC	47N	02W	6	NW	SE	KOOTENAI	-	-
DOMESTIC	47N	02W	6	SE	NW	KOOTENAI	-	-
DOMESTIC	47N	02W	6	SW	NE	KOOTENAI	-	-

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: _____

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

_____ of _____,