

**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. 95-13023

Number:

Date

Received:

Receipt No.: NO25232

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

RECEIVED**JUL 19 2010****IDWR/NORTHERN****1. Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
MARK WHITMAN	2910 E 57TH #164	SPOKANE	WA	USA	99223

2. Date of Priority:

Date	Explanation
10/26/1977	See ID DOL records

3. Source:

Source	Tributary	Type
LAKE COEUR D ALENE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04W	19	1	NE	SE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

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

*Idaho Report of Water Re
7600 Mineral Dr. Ste 10
CDA, ID 83015*

\$25.

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.070	0.00	0.0

Totals:

CFS	AF	KW
0.070	0.00	

8. Place of Use:

Water Use	Township	Range	Section	Q	Q	County	Gov Lot	Acreage
DOMESTIC	48N	04W	19	NE	SE	KOOTENAI	1	-

9. Basis of Claim:

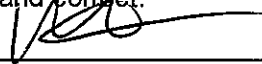
Basis
Beneficial Use

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: 7/15/10

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