

**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. Number: 92-10243
Date Received:
Receipt No.:**

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

**RECEIVED
MAY 11 2011
IDWR/NORTHERN**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
WAYNE MELQUIST	1611 E ROUND LAKE ROAD	ST MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
10/8/2002	This is the date the drilling of the well was completed. Actual domestic use started on November 24, 2002.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
45N	01W	26		SW	NE	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	I also have a small (600 square feet) apartment that is part of my shop. It is occasionally used by guests.

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 | 0.020 | 0.00 | 0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	46N	03W	3	NE	NW	BENEWAH	6	-

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: one(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): Shayne Melquist Date: 5/10/2011
 _____ Date: _____

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

Print Claim Stub

Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
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Claim Number:	92-10243
Claim Fee:	\$25.00
Claimant(s):	WAYNE MELQUIST
	1611 E ROUND LAKE ROAD
	ST MARIES , ID
	83861
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:
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Coeur d'Alene, ID 83815
(208) 762-2800