

**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:

92-07209

Date Received:

4/26/12

Receipt No.:

NO29143

**RECEIVED
APR 26 2012
IDWR / NORTH**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
EMERALD CREEK GARNET LTD.	PO BOX 190	FERNWOOD	ID	USA	83830-0190

2. Date of Priority:

Date	Explanation
4/4/1994	

3. Source:

Source	Tributary	Type
LITTLE CARPENTER CREEK	CARPENTER CREEK	
CARPENTER CREEK	ST MARIES RIVER	
CARPENTER CREEK	ST MARIES RIVER	
UNNAMED STREAM	CARPENTER CREEK	
CARPENTER CREEK	ST MARIES RIVER	
CARPENTER CREEK	ST MARIES RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
43N	01E	7		NW	SE	BENEWAH
43N	01E	7		SE	NE	BENEWAH
43N	01E	18		NW	NE	BENEWAH
43N	01E	7		SW	NE	BENEWAH
43N	01E	7		NE	SE	BENEWAH
43N	01E	18		SW	NE	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
MINING	-	-	-

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
MINING	2.230	24.00	0.0

Totals:

CFS	AF	KW
2.230	24.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
MINING	43N	01E	7	NE	SE	BENEWAH	-	-
MINING	43N	01E	7	NW	SE	BENEWAH	-	-
MINING	43N	01E	7	SE	NE	BENEWAH	-	-
MINING	43N	01E	7	SW	NE	BENEWAH	-	-
MINING	43N	01E	18	NW	NE	BENEWAH	-	-
MINING	43N	01E	18	SW	NE	BENEWAH	-	-

9. Basis of Claim:

Basis	WaterRight
License	92-07209

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 _____
 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