

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: 91-4104

Date Received: ~~No 29280~~ 6/15/2012

Receipt No.: No 29280

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
THOMAS C. MORRIS	910 HIGHLAND AVE	SAINT MARIES	ID	USA	83861
CLOIA A MORRIS	910 HIGHLAND AVE	SAINT MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
6/1/1968	

3. Source:

Source	Tributary	Type
UNNAMED STREAM	ST JOE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	01E	19	6	SW	NE	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	5 / 15	10 / 15
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
IRRIGATION	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	1

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	46N	01E	19	SW	NE	BENEWAH	-	-
IRRIGATION	46N	01E	19	SW	NE	BENEWAH	-	0.8

9. Basis of Claim:

Basis	WaterRight
Statutory Claim	91-4104

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): Thomas M. Wright Date: 6/15/12
Clara A. Morris Date: 6/15/12

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