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Claim Number:	94-7777
Claim Fee:	\$51.00
Claimant(s):	DENNIS RILEY
	43 PINCHOT CIRCLE AVERY, ID 83802
Claimed Purpose(s) of Use:	AQUATIC HABITAT DOMESTIC FIRE PROTECTION STOCKWATER WILDLIFE

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Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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: 94-7777
Date Received:
Receipt No.:**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DENNIS RILEY	43 PINCHOT CIRCLE	AVERY	ID	USA	83802

2. Date of Priority:

Date	Explanation
9/1/2010	Date well pump installed and connected to household system.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
POND	SWALE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
47N	03W	21		SW	NW	KOOTENAI
47N	03W	21		SW	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock		Description
AQUATIC HABITAT	-	-		Pond has riparian and aquatic vegetation that provides habitat for insects, birds, deer and amphibians, as well as collecting and filtering runoff.
DOMESTIC	1	-		Water is used for single family household.
FIRE PROTECTION	-	-		Well water is stored and would be used for fire protection if needed.
STOCKWATER	-	Type of Stock	Number of Stock	Water is used to provide drinking water for stock.
		Horses	1 - 10	

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):

James A. Miley

Date:

10/6/10

Lisa K. Hawdon

Date:

10/6/10

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