

**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: 95-8332
Date Received: 04/05/2013 *dm*
Receipt No.: N029735

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LAUREL A. VESTER	~~38423 S HWY 97~~	~~HARRISON~~	~~ID~~	~~USA~~	~~83861~~
DICK L. VESTER	~~38423 S HWY 97~~	~~HARRISON~~	~~ID~~	~~USA~~	~~83861~~

425 Pine St, Wallace, Id 83873 RV 4513

2. Date of Priority:

Date	Explanation
6/7/1983	EXISTING LUTSC 95-8332

License 8

3. Source:

Source	Tributary	Type
COEUR D ALENE LAKE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04W	11	2	NW	SE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	LAWN AND GARDEN IRRIGATION

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15

7. Quantity:

Water Use	CFS	AF	KW

IRRIGATION	0.020	3.50	0.0
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Totals:

CFS	AF	KW
0.020	3.50	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.7

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	48N	04W	11	NW	SE	KOOTENAI	2	0.6

9. Basis of Claim:

Basis	WaterRight
License	95-8332

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): *James Allen* Date: 4/5/13
 _____ 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