

**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: 95-7371
Date Received: 04/05/2013 *Am*
Receipt No.: N 029732

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APR 05 2013

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
WILMA M. CHRISTENSEN	PO BOX 49	HARRISON	ID	USA	83833
DEBRA K. KRAACK	PO BOX 49	HARRISON	ID	USA	83833

2. Date of Priority:

Date	Explanation
9/21/1973	PRIORITY DATE ON EXISTING LISC. 95-7371. ORIGINAL LISC. IN ERROR REGARDING CORRECT DIVERSION POINT FROM LAKE.

3. Source:

Source	Tributary	Type
THOMPSON LAKE	TRIBUTARY UNKNOWN	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	03W	21		SE	NE	KOOTENAI

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

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

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	1

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Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	48N	03W	21	NE	SE	KOOTENAI	-	0.4
IRRIGATION	48N	03W	21	SE	NE	KOOTENAI	-	0.1

9. Basis of Claim:

Basis	WaterRight
License	95-7371

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): Debra K. Knaack Date: 4-5-2013
 _____ 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