

**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: 95-9686
Date Received: 03/29/2013 *dm*
Receipt No.: NØ297Ø3

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RONALD W. SPENCER	16504 E 6TH ST PO BOX 362	BAYVIEW	ID	USA	83803
PAMELA J. SPENCER	16504 E 6TH ST PO BOX 362	BAYVIEW	ID	USA	83803

2. Date of Priority:

Date	Explanation
6/1/1943	EXISTING LISC. 95-9686

3. Source:

Source	Tributary	Type
BAYVIEW CREEK	LAKE PEND OREILLE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	02W	34		NW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	1 ACRE 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	3.00	0.0
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Totals:

CFS	AF	KW
0.020	3.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	1

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	54N	02W	34	NW	SW	KOOTENAI	-	1

9. Basis of Claim:

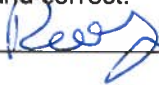
Basis	WaterRight
License	95-9686

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):  Ronald W. Spencer Date: 03/29/13
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