

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: 95-4124

Date Received: 4/4/2013

Receipt No: T096924

Received By:

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

1. Name of Claimant(s)

JAMES EASTLICK Phone:(406) 265-3250

228 N LAKEVIEW DR

COEUR D ALENE ID 83814

STACIE EASTLICK Phone:(406) 265-3250

228 N LAKEVIEW DR

COEUR D ALENE ID 83814

2. Date of Priority: 5/1/1965

3. Source: FERNAN LAKE Tributary to: FERNAN CREEK

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
51N	04W	35	NW SW		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
IRRIGATION	3 /1 11/30	0.02	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
50N	03W	17	SW SW	1	IRRIGATION	1
Section Acres						1
Total Acres						1

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: Information that was from official record.

Description of use:	<u>Water Use</u>	<u>Description</u>
	IRRIGATION	Irrigation of lawn.

14. Basis of Claim: Statutory Claim

15. 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty or 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