

NO 29850

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Claim Number: 95-7281

Claim Fee: \$70.00

Claimant(s):

PINEVIEW ESTATES WATER DISTRICT
PO BOX 1177
HAYDEN, ID
83835

Claimed Purpose(s) of Use: MUNICIPAL

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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

SCANNED 1 of 1

MAY 16 2013

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. 95-7281
Number:
Date
Received: 5-16-13
Receipt No.: NO 29860

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PINEVIEW ESTATES WATER DISTRICT	PO BOX 1177	HAYDEN	ID	USA	83835

2. Date of Priority:

Date	Explanation
4/22/1973	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
51N	04W	11		SE	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
MUNICIPAL	-		

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
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MUNICIPAL 1/1

12/31

7. Quantity:

Water Use	CFS	AF	KW
MUNICIPAL	0.200	66.00	0.0

Totals:

CFS	AF	KW
0.200	66.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acres
MUNICIPAL	51N	04W	12	NW	SW	KOOTENAI	-	-
MUNICIPAL	51N	04W	12	SW	NW	KOOTENAI	-	-

9. Basis of Claim:

Basis Water Right
License 95-7281

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): _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

BOARD PRESIDENT of PINEVIEW ESTATES WATER DISTRICT
Title Organization

that I have signed the foregoing document in the space below as

Tom Gray of PINEVIEW ESTATES WATER DISTRICT (PEWD)
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Tom Gray Date 5/14/2013

Title and Organization TOM JOYNER - BOARD PRESIDENT, PINEVIEW ESTATES WATER DISTRICT
Please print name