

**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: 94-2131
Date Received: 06/04/2013 *dm*
Receipt No.: N029890

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
HARRY G SOMMERS	1640 MOON GULCH RD	KELLOGG	ID	USA	83837
ROSEMARY J SOMMERS	1640 MOON GULCH RD	KELLOGG	ID	USA	83837

2. Date of Priority:

Date	Explanation
1/12/1925	ORIGINAL LISC. PRIORITY DATE.

3. Source:

Source	Tributary	Type
UNNAMED STREAM	MOON CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	03E	35		SW	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	1 HOME
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4 / 1	10 / 31
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
IRRIGATION	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.080	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	1

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	03E	35	SE	NE	SHOSHONE	-	-
DOMESTIC	49N	03E	35	SW	NE	SHOSHONE	-	-
IRRIGATION	49N	03E	35	SW	NE	SHOSHONE	-	1

9. Basis of Claim:

Basis	WaterRight
License	94-2131

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): *Harry L. Hommers* Date: 6/4/2013
 _____ 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 _____