

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: 95-4492

Date Received: 6/14/2013

Receipt No: N029930

Received By:

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

1. Name of Claimant(s)

THE CITY OF HUETTER Phone:(208) 667-8693
4578 WEST REEVES STREET
HUETTER ID 83814

2. Date of Priority: 8/1/1952

3. Source: GROUND WATER Tributary to:

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>
50N	04W	4	SW SW		KOOTENAI	
50N	04W	4	SW SW		KOOTENAI	

5. Description of diverting works:

6: Water is used for the following purposes:

<u>Purpose</u>	<u>From</u>	<u>To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
COMMERCIAL	1 /1	12/31	0.1	0
DOMESTIC	1 /1	12/31	0.1	0
MUNICIPAL	1 /1	12/31	0.2	0

7. Total Quantity Appropriated is: 0.2 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	04W	5	SE SE		COMMERCIAL	
Section Acres						

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	04W	5	SE SE		DOMESTIC	
Section Acres						

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	04W	5	SE SE		MUNICIPAL	
Section Acres						

Total Acres

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:

Description of use:	Water Use	Description
COMMERCIAL		
DOMESTIC		
MUNICIPAL		CITY WATER SUPPLY OR SOURCE

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