

**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: 92-7011
Date Received: 12/13/2011 dm
Receipt No.: N028825 A

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
KENNETH L. OLSEN	56400 HWY 3	CLARKIA	ID	USA	83812
JACQUELINE F. OLSEN	56400 HWY 3	CLARKIA	ID	USA	83812
ROBERT T. OLSEN	56400 HWY 3	CLARKIA	ID	USA	83812

2. Date of Priority:

Date	Explanation
8/1/1972	

3. Source:

Source	Tributary	Type
BLAIR CREEK	ST MARIES RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
43N	01E	25		SW	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

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SCANNED
DEC 13 2011

Water Use	CFS	AF	KW
DOMESTIC	0.020	1.20	0.0

Totals:

CFS	AF	KW
0.020	1.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	43N	01E	25	SW	SE	SHOSHONE	-	-

9. Basis of Claim:

Basis	WaterRight
License	92-7011

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): Jacqueline Olsen Date: 12/13/11

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

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