

**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: 95-7066

Date Received: 09/11/2013 *AM*

Receipt No.: N030120

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PATRICK A BOS	12630 W MARGISHWARD RD	POST FALLS	ID	USA	83854
CASSIE A BOS	12630 W MARGISHWARD RD	POST FALLS	ID	USA	83854

2. Date of Priority:

Date	Explanation
7/1/1969	ORIGINAL WELL FOR LISC. 95-7066 (FRETWELL COMPLETED JUNE 1969 TO 166 FEET) COLLAPSED BEFORE WE ACQUIRED THE PROPERTY WE NOW OWN (KOOTENAI PARCEL 50N05W-10-6400). WE BOUGHT THE PROPERTY DEC. 16, 2011. THE ORIGINAL WELL WAS REPLACED BY D0051885 COMPLETED ON OUR PROPERTY 5.18.2007.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	05W	10		SW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	1 HOME AND .5 ACRES OR LESS IRRIGATION OF A LAWN, SAMLL CHICKEN COOP AND 10 FOOT X 10 FOOT GARDEN.

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.60	0.0

Totals:

CFS	AF	KW
0.020	0.60	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	05W	10	SW	SW	KOOTENAI	-	-

9. Basis of Claim:

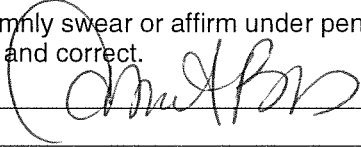
Basis	WaterRight
License	95-7066

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 ~~I~~ 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: 9/11/13
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 _____

Please print name