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DEPT. OF WATER RESOURCES

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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: 94-9233

Date Received:

Receipt No.:

C097723

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
GREGG E LARSON	3350 E FERNAN TERRACE	COEUR D ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
1/19/1970	The priority date claimed is from license 94-7010, which has been renumbered to 94-7452. This claim is for a portion of 94-7452.

3. Source:

Source	Tributary	Type
COEUR D ALENE RIVER	COEUR D ALENE LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03E	30		NE	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	Irrigation is from a portable pump in the river that can be placed anywhere along the river frontage of the claimed place of use.

6. Season(s) of Use:

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

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7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.080		

Totals:

CFS	AF	KW
0.080		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	7

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	50N	03E	30	NE	SE	SHOSHONE		7

9. Basis of Claim:

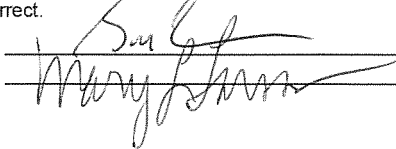
Basis
License

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: 1 Ex-7-2-5-3-2 to file

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: 9/6/13
Date: 9.6.13

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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