

**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: 94-9210
Date Received: 7-1-13
Receipt No.: NO 29981

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

RECEIVED
JUL - 1 2013
IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SHAWN T MONTEE	PO BOX 2028	COEUR D ALENE	ID	USA	83816

2. Date of Priority:

Date	Explanation
1/1/1947	AVISTA UTILITIES PROVIDED EVIDENCE (SEE ATTACHED EVIDENCE) INDICATING ELECTRICAL POWER HAS BEEN SUPPLIED TO PHYSICAL ADDRESS OF PROPERTY SINCE 1947.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	02E	5	6	SE	SE	SHOSHONE
49N	02E	5	6	SE	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	ONE ON NORTH SIDE OF OLD RIVER ROAD. ONE ON SOUTH SIDE OLD RIVER ROAD.
STOCKWATER	-	Type of Stock	DAIRY CATTLE, BEEF CATTLE, HORSES.
		Mixed Stock	
		26 - 50	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.060	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	02E	5	SE	SE	SHOSHONE	6	-
STOCKWATER	49N	02E	4	SW	SW	SHOSHONE	12	-
STOCKWATER	49N	02E	5	SE	SE	SHOSHONE	6	-

9. Basis of Claim:

Basis
Beneficial Use

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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): John T. Mouton for Shawn T. Mouton Date: 6/19/2013
 _____ 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 _____