

**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 49576
NUMBER:**

Ident. Number: 92-10904 *4 m*

Date Received: 02/03/2014

Receipt No.: N030282

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

**RECEIVED
FEB - 3 2014
IDWR/NORTHERN**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
WILLIAM D GRAY	PO BOX 158	GREENACRES	WA	USA	99016
ANGELIAN E GRAY	PO BOX 158	GREENACRES	WA	USA	99016

2. Date of Priority:

Date	Explanation
10/15/1995	WELL 92-95-N-30-000 COMPLETED 10.15.1995 ON PROPERTY RAX PARCEL RP000300190010A

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
45N	03W	26		NE	SW	BENEWAH

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

Water Use	Number Of Homes	Stock		Description
DOMESTIC	1	-		1 HOME BUILT 1995
STOCKWATER	-	Type of Stock	Number of Stock	MIXED STOCK POULTRY CHICKEN COOP IS ON PROPERTY
		Mixed Stock	1 - 10	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
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	45N	03W	26	NE	SW	BENEWAH	-	-
STOCKWATER	45N	03W	26	NE	SW	BENEWAH	-	-

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: _____

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):

William D. Gray
Angelia E. Gray

Date:

2-3-2014

Date:

2-3-2014

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