

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: 91-7129
Date Received:
Receipt No.: *NO26673*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FRANK ROBINSON	16738 W HOLLISTER HILLS DR	HAUSER	ID	USA	83854
LANAE ROBINSON	16738 W HOLLISTER HILLS DR	HAUSER	ID	USA	83854

2. Date of Priority:

Date	Explanation
9/12/1994	

3. Source:

Source	Tributary	Type
ST JOE RIVER	COEUR D ALENE LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	01W	16	12	NE	SE	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15

7. Quantity:

Water Use	CFS	AF	KW

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MAR - 7 2011

IRRIGATION	0.020	2.40	0.0
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Totals:

CFS	AF	KW
0.020	2.40	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.8

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	46N	01W	16	NE	SE	BENEWAH	12	0.8

9. Basis of Claim:

Basis	WaterRight
License	91-7129

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: 0

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): Frank Robinson Date: 11/16/2010
Shirley Robinson Date: 11/16/2010

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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