

**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: 95-16759

Date Received: 4/3/2014 *dm*

Receipt No.: N030360B

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ERNIE C KROLL	17147 S PAINTED ROSE RD	WORLEY	ID	USA	83876
KATIE M KROLL	17147 S PAINTED ROSE RD	WORLEY	ID	USA	83876

2. Date of Priority:

Date	Explanation
8/6/1917	SERIAL LAND PATENT ACCESSION NUMBER 595524 ISSUED 8.6.1917 TO QUINN.

3. Source:

Source	Tributary	Type
SPRING	LAKE CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	05W	10		NW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	DEVELOPED SPRING HAS WATERING TROUGH AND PIPING ADEQUATE TO SUPPORT 50 HEAD MIXED STOCK THAT RECIEVED WATER FROM THIS SPRING AND RANGED OVER THIS AND ADJACENT PARCELS.
		Mixed Stock	1 - 10	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	48N	05W	10	NW	SW	KOOTENAI	-	-

9. Basis of Claim:

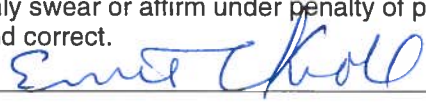
Basis
Beneficial Use

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

Number of attachments: 2

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: 4-3-14
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