

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: 92-10924
Date Received: 05/01/2014
Receipt No.: NO30412

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MICHAEL CLARK	1055 E. DAY ROAD	COEUR D ALENE	ID	USA	83815

Michael and Dorothy Clark Family Trust RMC

2. Date of Priority:

Date	Explanation
1/1/1983	This is an estimate of when the well was drilled and the ponds were dug on this property. It was not recorded with the county. RMC

3. Source:

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

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
43N RMC	01W RMC	24		NE	NE	RMC
43N	01W	24		NE	NE	BENEWAH

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

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MAY - 5 2014

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic use for mobile home and lawn watering.
~~RECREATION~~	-	-	~~two small spring fed ponds on the property~~

ALMC

ALMC

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31
~~RECREATION~~	~~1 / 1~~	~~12 / 31~~

ALMC

ALMC

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.010	0.00	0.0
~~RECREATION~~	~~0.010~~	~~1.00~~	~~0.0~~

ALMC

Totals:

CFS	AF	KW
0.010	1.00	

ALMC

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	43N	01W	24	NE	NE	BENEWAH	-	-
~~RECREATION~~	~~43N~~	~~01W~~	~~24~~	~~NE~~	~~NE~~	~~BENEWAH~~	~~-~~	~~-~~

ALMC

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.

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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):

Michael D. Clark, Trustee Date: 4/30/2014
Barbara M. Clark, Trustee Date: 4/30/2014

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

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