

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: 95-16766
Date Received: 04/24/2013
Receipt No.: N030401 *lm*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
APR 24 2014
IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JONATHAN L OLSON	9519 E VALLEY CHAPEL	FAIRFIELD	WA	USA	99012
CHRISTEEN D OLSON	9519 E VALLEY CHAPEL	FAIRFIELD	WA	USA	99012

2. Date of Priority:

Date	Explanation
6/14/1963	1963 YR BUILT PER KOOTENAI PROPERTY TAX RECORDS FOR PARCEL 0-1760-001-010-0.

3. Source:

Source	Tributary	Type
COEUR D ALENE LAKE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04W	34	2	SE	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	1 HOME

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW

SCANNED
APR 28 2014

DOMESTIC | 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
DOMESTIC	48N	04W	34	SE	SW	KOOTENAI	2	-

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: _____

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): Jonathan F. Olson Date: 4-24-14
Christeen D. Olson Date: 4-24-14

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

SCANNED

APR 28 2014