

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: 94-8720

Date Received: 11/28/2011

Receipt No: T094338

Received By:

Amended

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

RECEIVED
MAY 30 2013
IDWR/NORTHERN

1. Name of Claimant(s)

ZELDA MELIGAN
132 MELIGAN LN
KINGSTON ID 83839

2. Date of Priority:

1/1/1800 5/20, 1862 z.m.m.

3. Source:

GROUND WATER

spring z.m.m.

Tributary to:

Sinks z.m.m.

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
49N	02E	20	SE NW		SHOSHONE	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	1/1	12/31	<i>0.01</i>	<i>0</i>

204 z.m.m.

7. Total Quantity Appropriated is: 0.01 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
<i>2</i>	<i>z.m.m.</i>		

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	02E	20	SE NW		DOMESTIC	

Section Acres
Total Acres

10. Place of use in counties: SHOSHONE

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: As far as we know that this is when this was established.

94-8720

7/9/2012

SCANNED
MAY 30 2013

Description of use: Water Use

Description

DOMESTIC

2 homes access water from this water source

14. Basis of Claim: Beneficial Use

z.m.m.

15. 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

z.m.m. meligen Date: 5/29/13
Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Title of _____
Organization

That I have signed the foregoing document in the space below as

Title of _____
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