

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 95-16852
Date Received: 8/21/2014
Receipt No: N030699
Received By: LW

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

ROBERT S WEST AND MARTHA H WEST LLC Phone: (208) 765-0714

212 W IRONWOOD DR STE D PMB 166
COEUR D ALENE ID USA 83814

2. Date of Priority: 05/20/1937

3. Source: COEUR D ALENE LAKE Trib. to: SPOKANE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
50N	04W	26	SW NW 1	KOOTENAI	

5. Description of diverting works:

1.5 HP SUB PUMP AND PVC PIPE TO FILTER AND CHLORINATOR AND PIPE TO STORAGE TANK
AND GRAVITY FLOW TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.02	

7. Total Quantity Appropriated is:

0.02 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
50N	04W	26	SW NW 1	DOMESTIC	

RECEIVED
AUG 25 2014
IDWR/NORTHERN

11. Place of use in counties: KOOTENAI

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

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Beneficial Use

16. 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 Snake 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 Organizations:

I do solemnly swear or affirm that I am Manager of
Title
Robert & Martha West, LLC, that I have signed the foregoing
Organization
document in the space below as Manager of
Title
Robert & Martha West, LLC and that the statements contained in the
Organization
foregoing document are true and correct.
Signature of Authorized Agent Robert & Martha West
Title and Organization Manager, Robert & Martha West, LLC
Date 8/21/2014

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this
of _____ 20__

Notary Public

Residing at _____

My commission Expires _____