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OCT 06 2014
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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: 95-8497
Date Received: 10-6-14
Receipt No.: N 030863

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ANDREW ERICKSON	4948 E BENNETT BAY CT	COEUR D ALENE	ID	USA	83814-7854

2. Date of Priority:

Date	Explanation
1/2/1986	Priority date listed on water right

3. Source:

Source	Tributary	Type
COEUR D ALENE LAKE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03W	33	1	NW	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	domestic
MULTIPLE USE	-	-	Household use drinking cleaning sanitation and irrigation.

6. Season(s) of Use:

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

— less than 1/2 acre

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	1.20	0.0
MULTIPLE USE	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	1.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	03W	33	NW	NW	KOOTENAI	1	-
MULTIPLE USE	50N	03W	33	NW	NW	KOOTENAI	1	-

9. Basis of Claim:

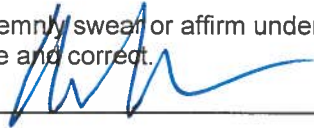
Basis	WaterRight
License	95-8497

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):  _____ Date: 10/2 _____
 _____ 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