

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: 93-7659

Date Received: 1/14/2015

Received By:

**NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW**

1. Name of Claimant(s)

VERNON LARSON JR &
JUANITA LARSON FAMILY
TRUST

Phone: (208) 699-3842

377626 HWY 95

DESMET ID 83824

2. Date of Priority: 5/20/1955

3. Source: SPRING

Tributary to: SINKS

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
44N	04W	36	SE SW		BENEWAH	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
STOCKWATER	01/01 12/31		0.1

7. Total Quantity Appropriated is: C.F.S. and/or 0.1 A.F.A

8. Non-irrigation uses:

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
44N	04W	36	SE SW		STOCKWATER	
						Section Acres
						Total Acres

10. Place of use in counties: BENEWAH

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

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use

Description

STOCKWATER

14. Basis of Claim: Beneficial Use

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): _____ Date: _____
_____ Date: _____

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

x Trustee of V & J LARSON Family Trust
Title Organization

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

Trustee of V & J LARSON Family Trust
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Vernon E Larson Date: 1-14-2015

Title and Organization VERNON E LARSON, JR
Please print name

LARSON FAMILY TRUST

93-7659

