

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: 95-8818

Date Received: 1/16/2015

Received By:

1/28/2015

N031033

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

BEAUTY BAY HOMEOWNERS
ASSN
1019 S GREENSFERRY RD
POST FALLS ID 83854

2. Date of Priority: 7/6/1993

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

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>
49N	03W	11	NE NE	1	KOOTENAI	

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>
DOMESTIC	01/01 12/31	0.04	2.4
IRRIGATION	03/15 11/15	0.04	6

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 8.4 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>
49N	03W	12	NE NW		IRRIGATION	1.5
			NW NW		IRRIGATION	0.5
					Section Acres	2

Total Acres 2

10. Place of use in counties: KOOTENAI

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

12. Other Water Rights Used:

13. Remarks:

Priority date description:

95-8818

1/16/2015

RECEIVED
JAN 28 2015
IDWR/NORTHERN

Description of use: Water Use

Description

DOMESTIC

IRRIGATION

Domestic use is for 4 homes.

Domestic use does not include lawn, garden, landscape, or other types of irrigation.

Place of use is located within Lots 1, 6, and Tax No. 7228, Blk. 2, and Lot 7, Blk. 5, Beauty Bay Estates First Addition.

14. Basis of Claim: License

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: _____

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

CO CHAIRMAN of BEAUTY BAY WATER USERS ASSOC
Title Organization

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

CO CHAIRMAN of BEAUTY BAY WATER USERS ASSOC
Title Organization

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

Signature of Authorized Agent H. Ray Mikkelsen Date: 1-28-15

Title and Organization HAROLD RAY MIKKELSON, CO CHAIRMAN, BEAUTY BAY WATER USERS ASSOC
Please print name