

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: 94-2205
Date Received: 11/7/2011
Receipt No.: 2028507

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

WITHDRAWN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAVID O. AUTIO	PO BOX 95	MULLAN	ID	USA	83846
ELLEN L. AUTIO	PO BOX 95	MULLAN	ID	USA	83846

2. Date of Priority:

Date	Explanation
7/16/1951	HOME ON MY PROPERTY IS SERVED BY THE ORIGINAL WATER SYSTEM FOR WATER RIGHT 94-2205. THE WATER SYSTEM WAS MODIFIED BUT REMAINED IN USE WHEN INERSTATE 90 WAS BUILT.

3. Source:

Source	Tributary	Type
UNNAMED STREAM	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	05E	36		SW	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW

SCANNED
NOV - 7 2011

DOMESTIC	0.040	0.00	0.0
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Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	05E	35	NE	NE	SHOSHONE	-	-
DOMESTIC	48N	05E	35	NE	NE	SHOSHONE	-	-
DOMESTIC	48N	05E	36	NW	NW	SHOSHONE	1	-

9. Basis of Claim:

Basis	WaterRight
License	94-2205

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: one

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): Daniel O. Antio Date: 11-7-11
 _____ 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

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