

**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 49576
NUMBER:
Ident. Number: 94-7342
Date Received: 10-20-11
Receipt No.: 10028328

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

RECEIVED

OCT 20 2011

IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PINEHURST WATER DISTRICT	PO BOX 98	PINEHURST	ID	USA	83850-0098

2. Date of Priority:

Date	Explanation
1/15/1993	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	02E	5		NW	SW	SHOSHONE

RPG - 0700-005-007A

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

Water Use	Number Of Homes	Stock	Description
MUNICIPAL	-	-	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
MUNICIPAL	3.570	0.00	0.0

SCANNED
OCT 20 2011

Totals:

CFS	AF	KW
3.570	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
MUNICIPAL	48N	02E	5	NW	SW	SHOSHONE	-	-

9. Basis of Claim:

Basis	WaterRight
License	94-7342

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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): Jeffrey W. Frawley Manager Date: 10-12-11
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

SCANNED

OCT 20 2011