

RECEIVED

APR 28 2015

DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL
ADJUDICATION OF RIGHTS TO THE
USE OF WATER FROM THE COEUR
D'ALENE-SPOKANE RIVER BASIN
WATER SYSTEM

CIVIL CASE NUMBER:

Ident. Number:

Date Received:

Receipt No.:

49576

92-11012

02/23/2015

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Payment:

Date Submitted	IDWR Receipt No.	IPG Transaction Identifier	Amount
02/23/2015		6878360	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
VINCE SARTAIN	1242 W. CEDAR CT.	ONTARIO	CA	USA	91762

2. Date of Priority:

Date	Explanation
2/9/1901	This is the date that the farm was homesteaded.

3. Source:

Source	Tributary	Type
SANTA CREEK	ST MARIES RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
44N	01W	18	4	SW	SW	BENEWAH

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	
		Mixed Stock	11 - 25	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	44N	01W	18	NW	SW	BENEWAH	3	-
STOCKWATER	44N	01W	18	SW	NW	BENEWAH	2	-
STOCKWATER	44N	01W	18	SW	SW	BENEWAH	4	-

9. Basis of Claim:

Basis
Beneficial Use

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: _____
 _____ 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 _____

Receipt Details for ID T100081

Status	Adjustment Type	Version
		1

General Information:				
Date Received	Date Deposited	Region	Total Amount	Payment Type
2/23/2015 8:58:00 AM	2/25/2015 7:06:00 AM	ELECTRONIC ALLY TRANSMITTE D	\$25.00	ELECTRONICALLY TRANSMITTED
Payee:	SARTAIN, VINCE			
IPG Transaction ID	6878360			

Comment

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155

Water Rights

Basin	Sequence	Split Suffix
92	11012	