

JUN 23 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: 49576

Ident. Number 93-7657
Date Received: 1/14/2015
Receipt No: C100490
Received By:

AMENDED

AMENDED

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 USA 83824 Oct, 11

2. Date of Priority: 06/14/1973

1944

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County Type
44N	04W	32	NE SW		BENEWAH

5. Description of diverting works:

PUMP AND PIPELINE TO PLACE OF USE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.02	
DOMESTIC	01/01	12/31	0.06	

7. Total Quantity Appropriated is:

0.08 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of homes: 2

10. Place of use:

Township	Range	Section 1/4 of 1/4	Lot	Use	Acres
44N	04W	32	NE SW	STOCKWATER	
			NW SE	STOCKWATER	
			NE SW	DOMESTIC	
			NW SE	DOMESTIC	

11. Place of use in counties: BENEWAH

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

13. Other Water Rights Used:

14. Remarks:

Stockwater use is for 30 head

Type of stock: cows/sheep/goats/horses

15. Basis of Claim: Beneficial Use

16. Signature(s) Vernon Larson Juanita Larson

(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: _____

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

Title and Organization

Date