

**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: ~~05-41664~~ 95-1093

Date Received: 11/20/2009

Receipt No.: T089653

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
11/20/2009	T089653	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MICHAEL REAGAN	1044 NW BOULEVARD STE D	COEUR D ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
8/16/1985	DATE WELL COMPLETED, WELL REPLACED SPRING AS PRIMARY SOURCE OF WATER FOR THE HOUSE.

3. Source:

Source	Tributary	Type
GROUNDWATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	04W	19	1	NW	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	WATER FOR HOUSEHOLD USE, IRRIGATION OF .5 ACRES MORE OR LESS AND FIRE CONTROL FOR THE 10 ACRE PARCEL. THERE IS A 2500 GALLON STORAGE TANK.

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
DOMESTIC	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	04W	19	NW	NW	KOOTENAI	1	-
DOMESTIC	50N	04W	19	SW	NW	KOOTENAI	2	-
DOMESTIC	50N	05W	24	NE	NE	KOOTENAI	1	-
DOMESTIC	50N	05W	24	SE	NE	KOOTENAI	5	-

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 _____

Please print name