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OCT 24 2016

DEPARTMENT OF
WATER RESOURCES

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: 95-9790
Date Received: 9/1/2011
Receipt No: N028010
Amount Paid: \$57.00
Received By:

fee due: \$8.00

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

BLANCHARD COOPERATIVE WATER ASSN
PO BOX 220
BLANCHARD ID 83804

Phone: (208) 437-3652

2. Date of Priority: 6/1/1950

3. Source:

GROUND WATER
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	05W	20	NE NE		BONNER	
54N	05W	20	NE NE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	0.15		

7. Total Quantity Appropriated is:

0.15 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

9. Place of use:

MUNICIPAL within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	20	NE		NE		
54N	05W	20	NW		NE		
54N	05W	20	SW		NE		
54N	05W	20	SE		NE		
54N	05W	20	NE		NW		
54N	05W	21	SW		NW		
54N	05W	21	SE		NW		

10. Do you own the property listed above as place of use? No

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

95-9893

12. Remarks:

Priority Date Explanation:

Additional evidence is required for this claim.

13. Basis of Claim: Statutory Claim

14. 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: 60

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Treasurer 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 Robert Westfall Date 10-15-17

Title and Organization Treas. Blanchard Co-op Water