

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: 95-12751
Date Received: 06/04/2010
Receipt No.:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Payment:

Date Submitted	IDWR Receipt No.	IPG Transaction Identifier	Amount
06/04/2010		2778552	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ERIC SMITH	13013 S STORMY POINT LN	HARRISON	ID	USA	83833

2. Date of Priority:

Date	Explanation
8/31/1997	August 31, 1998 well was drilled and completed and water began to be used

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03W	20		SE	SE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

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

SCANNED
JUN - 7 2010

AUG-4-2008 11:36A FROM:
Claim Preview

TO 31226

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7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gen Loc	Acres
DOMESTIC	50N	03W	20	NE	SE	KOOTENAI		

9. Basis of Claim:

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): Eric A. Smith Date: 6/4/10

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