

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: 95-12260

Date Received: 3/29/2010

Receipt No: T090420

Received By:

RECEIVED
OCT 19 2012
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

JACK SULLIVAN Phone (208) 664-9746

6072 W EBBTIDE DR

COEUR D ALENE ID 83814

MARILYN SULLIVAN Phone (208) 664-9746

6072 W EBBTIDE DR

COEUR D ALENE ID 83814

2. Date of Priority: 6/17/2005

3. Source: GROUND WATER

Tributary to:

SPOKANE RIVER

COLUMBIA RIVER

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
50N	04W	8	SW NW	8	KOOTENAI	
50N	04W	8	SW NW	8	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	1/1 12/31	0.02	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

<u>Number of Homes: 1</u>	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
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9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
50N	04W	8	SW NW		DOMESTIC	
						Section Acres
						Total Acres

10. Place of use in counties: KOOTENAI

95-12260

6/6/2012

SCANNED
JUN 26 2017

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

12. Other Water Rights Used:

13. Remarks:

Priority date description: We moved into our newly built home on this date.

Description of use: Water Use

Description

DOMESTIC

Household and yard irrigation

14. Basis of Claim: Beneficial Use

15. 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

X Signature of Claimant(s):

Jack Sullivan
Marilyn Sullivan

Date: 10-18-2012

Date: 10-18-2012

For Organizations: I do solemnly swear or affirm under penalty or 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