

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
NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

CIVIL CASE NUMBER: 49576
Ident. Number: 95-16926
Date Received: 9-30-14
Receipt No.: NO30851

RECEIVED

SEP 30 2014

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MATTHEW & AMANDA WEED	11000 E KEMPTON RD	COEUR D ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
12/7/2010	Date from well drillers report.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	02W	32		SW	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Water use for family daily use, domestic animals, garden and surrounding landscaping.

SCANNED
JUL 13 2017

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	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use: PID 50N02W323900

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	02W	31	NE	NE	KOOTENAI	-	-
DOMESTIC	50N	02W	31	SE	NE	KOOTENAI	-	-
DOMESTIC	50N	02W	32	NW	NW	KOOTENAI	-	-
DOMESTIC	50N	02W	32	SW	NW	KOOTENAI	-	-

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: 2

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 *Mike Wed* Dat 9/30/14

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JUL 13 2017

of
Claimant(s)
):

e: _____

Amanda Deel

Date: 9/30/14

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

Title of _____
Organization

that I have signed the foregoing document in the space below as

Title of _____
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

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50N02W323900



Kootenai County, Idaho

THIS DRAWING IS TO BE USED FOR REFERENCE PURPOSES ONLY. THE COUNTY IS NOT RESPONSIBLE FOR ANY INACCURACIES CONTAINED HEREIN.

Map Revisions

Notes

Ph 50-6276-52-0000 out to RVM (printed dated from 1914) (17)
11/26/2011 - VAMW
50-6276-52-0000 & 429-04-3200 combined w/ 50-6276-52-0000 (12)
08/20/13 - CP
Ph 50-6276-52-0000 combined w/ 4100 on the 6/20/09 (14)

Persons who have been vaccinated by previous disease may still develop infectious disease. Also persons with a history of infectious disease may develop a second disease. Diseases and drugs might have both short and long term effects on the immune system. Development of infectious disease under active and/or passive immunity.

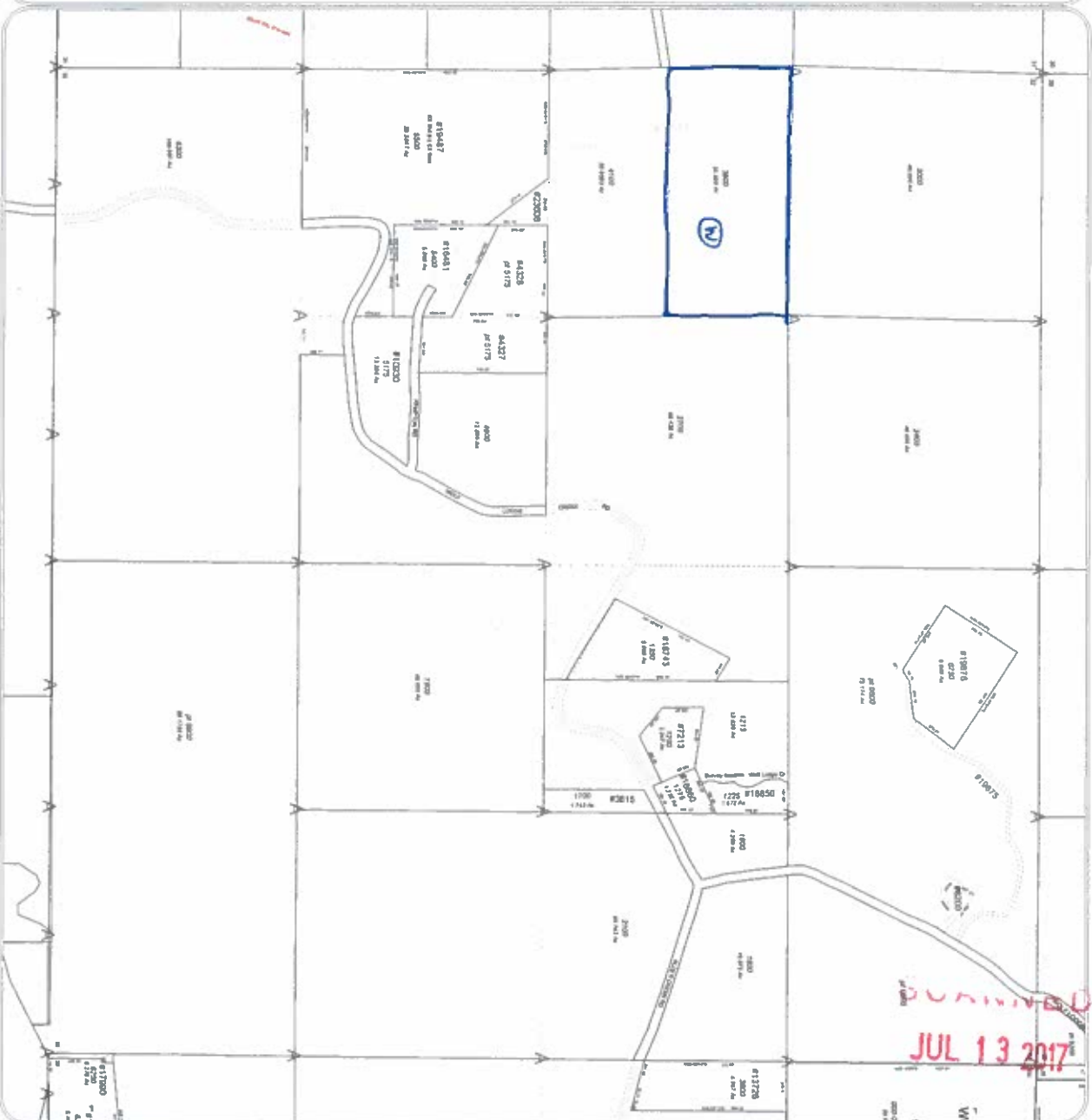
LOCALIZATION OF ANTIBODY: IgM AND IgG ANTIBODIES: BLOOD PLASMA AND LYMPH; IgA: MUCOSA

PERSONAL INFORMATION NUMBER (PIN) ARE CONSIDERED AS IDENTIFIERS

Address: 1000 University Ave., Suite 1000, St. Paul, MN 55102-1000
Phone: 612-626-6000 Fax: 612-626-6001
E-mail: info@mednet.com
Web: www.mednet.com

Legend

(C-5357) Sub-roads ☐ TanParcels ☐ Private Roads ☐ City Limits
 001001-4 Parcel IDs (PIN) Legal/Access Fast Boundaries A GCD8_Corners
 Road R/W Railroad GCD8_Line



Maptile: 50N02W32

Sec. 32 Twp 50 N. R. 2 W. B. M.