

Attn. Bob Haynes

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: 95-12795
Date Received:
Receipt No.:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Assigned H₂O
Rights
95-12795

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAN ANTONI	PO BOX 23	PULLMAN	WA	USA	99163

2. Date of Priority:

Date	Explanation
12/31/1958	PRIORITY DATE IS BASED ON A APPRAISAL BY DOLNARD P. ANDERSON DATED 1 JUNE 2006 (COPY ATTACHED)

3. Source:

Source	Tributary	Type
SURFACE WATER	COEUR D ALENE LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
47N	04W	12	2			KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	IN HOUSE DOMESTIC USE

6. Season(s) of Use:

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

* Claim for
paid for
online

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.60	0.0

Totals:

CFS	AF	KW
0.040	0.60	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	47N	04W	12			KOOTENAI	2	-

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