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AUG 07 2017

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: 95-8256
Date Received: 1/8/2010
Receipt No: N022352
Amount Paid: \$25.00
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

RAY MIKELSON
1019 S GREENSFERRY RD
POST FALLS ID 83854-4724

Phone: (208) 773-5331

MICHELLE MIKELSON
1019 S GREENSFERRY RD
POST FALLS ID 83854-4724

Phone: (208) 773-5331

2. Date of Priority: 1/25/1983

3. Source:
SPOKANE RIVER

Trib. to:
COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	05W	11	NE SE	8	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	03/15	11/15	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

mn DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	11	NE		SE	8	0.5

Total Acres = 0.5

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

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

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: License

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 _____ 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):

Michael M. M. M. M.
Ray M. M. M.

Date: 8/1/17

Date: 8/1/17

As per our conversation
by phone, 8/1/17, we
are signing the amended
form to change the
purpose on our claim
to read "Domestic"
to allow us to irrigate
up to 1/2 acre-claim
95-8256 - Call if any
questions. Thanks, Michelle
208 4660-2926