

SEP 01 2017

DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLSIN 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: 95-7740
Date Received: 4/18/2013
Receipt No: N029758
Amount Paid:
Received By: _____NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

THOMAS R DE TAR
3135 S SCHILLING LP
POST FALLS ID 83854-4703

Phone: (208) 777-1320

2. Date of Priority: 6/14/1977

3. Source:

SPRINGS
UNNAMED STREAM

Trib. to:

SPOKANE RIVER

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
50N	05W	10	SW SE		KOOTENAI	
50N	05W	10	SW SE		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
STOCKWATER STORAGE	1/01	12/31			1
WILDLIFE STORAGE	1/01	12/31			1

7. Total Quantity Appropriated is:

C.F.S. and/or 1 A.F.A.

8. Non-irrigation uses:

9. Place of use:

STOCKWATER STORAGE within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	10	SW		SE		

WILDLIFE STORAGE within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	10	SE		SW		

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:
95-9070

12. Remarks:

SOURCES ARE UNNAMED STREAM & SPRING.

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): Thomas A. Dot Date: 8/28/11

Date: _____

Reference Map for Claim 95-7740

