

**IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM**

Ident. Number: 95-18109
Date Received: 12/27/10
Receipt No: N026392
Received By: b

1. Name of Claimant(s) ROY W. HARRIS Phone 882-45-1550

2. Date of Priority: (Only one per claim) AUGUST 7, 1973
Month/Day/Year (YYYY)

4. Location of Point of Diversion is: Township 46N, Range 03W, Section 14-NE-NW,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of BENELWAH;
Parcel (PIN) no. RP46N03W142500A

If available, GPS coordinates: _____

each well. WELL - ~~SEE ATTACHED WELL~~ Drilling Report
ALAN OLSON - 8/7/1973 Permit # 95-73-N-114

For DOMESTIC purposes from JAN 1 to DEC 31 amount 0.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

Stockwater and Number of livestock) Domestic - ONE

9. Location of Place of Use is: Township 46N, Range 03W, Section 14.

NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4

for (Check One) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? BENICOLA

11. Do you own the property listed above as place of use? Yes ☒ No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None ()

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use ☒ Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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 notices 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: 1

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) Roy W. Harris Date: 12/21/2010

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 _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED

DEC 27 2010

RECEIVED
DEC 27 2010
IDWR/NORTH

HARRIS, ROY W. PIN RP46N03W142500A



SCANNED

DEC 27 2010