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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: 95-15392

Date Received: 6/24/2011

Received By: CA3796

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

GARY ALGER Phone:(208) 699-3723
PO BOX 504
BLANCHARD ID 83804

2. Date of Priority: 6/15/2011

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
54N	05W	22	NW SE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.02	
STOCKWATER	01/01 12/31	0.02	

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
54N	05W	22	NW SE		DOMESTIC	

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
54N	05W	22	NW SE		STOCKWATER	

Section Acres

Total Acres

10. Place of use in counties: BONNER

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

95-15392

7/5/2011

SCANNED

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12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description
DOMESTIC
STOCKWATER

14. Basis of Claim: Beneficial Use

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 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Mary Olson Date: 7/18/11
Date: _____

For Organizations: I do solemnly swear or affirm under penalty or 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