

RECEIVED

OCT 22 2018

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: 95-13333

Date Received: 8/30/2010

Receipt No: T091677

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

ROBERT J WALTER
4418 S CHAPMAN RD
GREENACRES WA 99016
KATHLEEN L WALTER
4418 S CHAPMAN RD
GREENACRES WA 99016

2. Date of Priority: 12/31/1963

3. Source: COEUR D ALENE LAKE Tributary to: SPOKANE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	05W	36	NW NE	1	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	3/1 - 10/30/11	9/30	0.06	0

7. Total Quantity Appropriated is: 0.06 C.F.S. and/or 0 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
48N	05W	36	NW NE	1	DOMESTIC	
						Section Acres
						Total Acres

10. Place of use in counties: KOOTENAI

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

12. Other Water Rights Used:

95-13333

10/16/2018

13. Remarks:

Priority date description: The date was the year that we began to use the water.

Description of use: Water Use Description

DOMESTIC

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):

Rohit J. Wadga
Kalish Wadga

Date:

10/16/18

Date:

10/16/18

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