

**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: 95-14065
Date Received:
Receipt No.:**

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CHAD B. DENNY	12311 E HAYS ROAD	FAIRFIELD	WA	USA	99012
MARIE C. DENNY	12311 E HAYS ROAD	FAIRFIELD	WA	USA	99012

2. Date of Priority:

Date	Explanation
6/23/2000	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	04W	30	4	SW	SW	BENEWAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock		Description
DOMESTIC	1			
STOCKWATER		Type of Stock	Number of Stock	HORSES CATTLE GOATS
		Mixed Stock	51 - 100	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31
STOCKWATER	1 / 1	12 / 31

SCANNED
MAR 29 2011

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
STOCKWATER	0.050	0.00	0.0

Totals:

CFS	AF	KW
0.050	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	46N	04W	30	SW	SW	BENEWAH	4	-
STOCKWATER	46N	04W	30	SW	SW	BENEWAH	4	-

9. Basis of Claim:

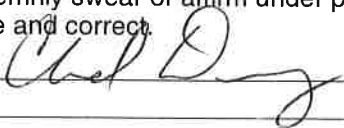
Basis
Beneficial Use

10. 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):  Date: 3-21-11
 _____ Date: _____

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 _____

Please print name

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Print Claim Stub

NO 26810

Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.
Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

[Print This Page](#)

Claim Number: 95-14065

Claim Fee: \$25.00

Claimant(s): CHAD B. DENNY

12311 E HAYS ROAD
FAIRFIELD , WA
99012
MARIE C. DENNY

12311 E HAYS ROAD
FAIRFIELD , WA
99012

Claimed Purpose(s) of Use: DOMESTIC
STOCKWATER

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Office address and phone number:

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MAR 29 2011