

COPY

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MAY 13 2019

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: 95-17810
Date Received:
Receipt No:
Claim Fee:
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day**

1. Name of Claimant(s)

ELLEN M BROWN
2950 E SPRINGVIEW DR
COEUR D ALENE ID 83814

Phone: (208) 667-0153

2. Date of Priority: 6/15/1953

3. Source:
COEUR D ALENE LAKE

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	03W	32	NW SW		KOOTENAI	

5. Description of diverting works:

Pump and pipeline to place of use.

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		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Some lawn irrigation

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	03W	32	NW		SW		
50N	03W	32	SW		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:

None

12. Remarks:

Priority Date Explanation:

Taxlot Data

13. Basis of Claim: Beneficial Use

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: 12

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): Ellen M. Brown Date: 5-10-19

Date: _____



Idaho Department of Water Resources Receipt

Receipt ID: C106787

Payment Amount	\$25.00	Date Received	5/13/2019	Region	STATE
Payment Type	Check	Check Number	7445		
Payer	BROWN, ELLEN MC LAIN				
Comments	MOTION TO FILE LATE NOTICE OF CLAIM FOR WR# 95-17810				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION LATE FEE	75503	0337	1		1155



Signature Line (Department Representative)