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Form No. 42-1409-2 (Internet 12/08)

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 95-13253
Date Received: 2-12-10
Receipt No: NO 23554
Received By: cm

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

RECEIVED

FEB 16 2010

IDWR / NORTH

1. Name of Claimant(s) DAVID E AND/OR MARGARET A. SHERIDAN Phone (208) 764-2025
651-4684 (ma)

Mailing Address 3074 S. EBERT RD COEUR D'ALENE ID Zip 83814-9131
Street or Box City State

2. Date of Priority: (Only one per claim) SEPTEMBER 1, 2002
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 50, Range 2W, Section 31,
_____ 1/4 of _____ 1/4, or Govt. Lot 1 BM. County of KOOTENAI;

Parcel (PIN) no. 50N02W313000

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

WELL - 315 FEET DEEP; 1 1/4" DROP PIPE; 2 HP PUMP

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from JAN 1 to DEC 31 amount .02
Month/Day Month/Day cfs(X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .02 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) DOMESTIC - 1 HOME

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9. Location of Place of Use is: Township 50, Range 2W, Section 31,
_____ 1/4 of _____ 1/4, Govt. Lot 1 BM. Parcel (PIN) no. 50N02W313000
If different than shown in Item 4
for (Check One) Domestic (X) Stock () Domestic and Stock ()

Additional places of use, if any _____

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

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

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

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) David E. Sheridan Date: 10 Feb 2010

Margaret A. Sheridan Date: 10 FEB 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 SHERIDAN Identification No. _____

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