

**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 49576
NUMBER:
Ident. Number: 95-08717
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
CRYSTAL SPRINGS RSW INC	22040 S. LAKEVIEW DRIVE	WORLEY	ID	USA	83876

2. Date of Priority:

Date	Explanation
9/16/1991	This date was when the Subdivision was set up and the original water rights license was granted.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	05W	25		NW	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Used for 24 homes in Block 1-5 Crystal Springs Subdivision TWN 48N RGE 05W SEC 25
IRRIGATION	-	-	18.0 AF Annual Use on 6 AC TWN 48N RGE 05W SEC 25

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.090	14.40	0.0
IRRIGATION	0.090	18.00	0.0

Totals:

CFS	AF	KW
0.090	18.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	6

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	05W	25			KOOTENAI	-	-
IRRIGATION	48N	05W	25	NW	NE	KOOTENAI	-	6

9. Basis of Claim:

Basis	WaterRight
License	95-08717

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: _____
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

PRESIDENT of Crystal Springs RSW, Inc
 Title Organization

that I have signed the foregoing document in the space below as

PRESIDENT of Crystal Springs RSW, Inc
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Michael J Eder Date 9-12-10

Title and Organization Michael Eder - President, Crystal Springs ASW, Inc
Please print name