

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: 94-9409

Date Received: 8/7/2015

Received By: *LW*

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JIMMY DUGGAN Phone (208) 568-1631
11004 E WOOD DUCK LANE
ST. MARIES ID 83861

RONDA DUGGAN Phone (208) 568-1231
11004 E WOODDUCK LN
SAINT MARIES ID 83861

RECEIVED

AUG - 7 2015

IDWR / NORTH

2. Date of Priority: 7/1/2015

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
47N	02W	18	NE SE		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	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:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
47N	02W	18	NE SE		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:

13. Remarks:

94-9409

8/7/2015

Priority date description:

Description of use: Water Use Description

DOMESTIC

14. Basis of Claim: ~~Application~~ 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~~ 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):

Rock Dwyer

Date:

8-7-15

Date: _____

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