

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: 94-9425

Date Received: 8/26/2015

Received By:

LW
NO 31479

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MUHS LIVING TRUST Phone: (208) 689-3366
54493 S HWY 97
SAINT MARIES ID 83861

2. Date of Priority: 5/20/1981

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	03W	8	SE SW		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	0.04	

7. Total Quantity Appropriated is: 0.04 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	03W	8	SE SW		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:

Priority date description:

RECEIVED
AUG 26 2015
IDWR/NORTHERN

Description of use: Water Use

Description

DOMESTIC

14. Basis of Claim: 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 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): [Handwritten Signature] Date: 8/26/15

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