

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: 95-16953

Date Received: 6/10/2010

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DAVID R COOMBS Phone:(208) 664-9423
20149 S MOONRISE TRAIL
WORLEY ID 83876
MELODY A COOMBS Phone:(208) 664-9423
20149 S MOONRISE TRAIL
WORLEY ID 83876

2. Date of Priority: 6/29/1987

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Table with columns: Township, Range, Section, 1/4 of 1/4 of 1/4, Lot, County, Type. Values: 49N, 04W, 20, SE NW, KOOTENAI

5. Description of diverting works:

6. Water is used for the following purposes:

Table with columns: Purpose, From, To, C.F.S., (or) A.F.A. Values: DOMESTIC, 01/01, 12/31, 0.02

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Table with columns: Number of Homes, Water Use, Type Of Stock, Number Of Stock. Value: 1

9. Place of use:

Table with columns: Township, Range, Section, 1/4 of 1/4, Lot, Use, Acres. Values: 48N, 04W, 20, SE NW, 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:

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): _____ Date: _____
_____ 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