

RECEIVED

MAY 08 2015

IDWR/NORTHERN

RECEIVED

MAY 08 2015

IDWR/NORTHERN

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: 95-17011

Date Received: 5/8/2015

Received By: *LW*

**NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED  
UNDER STATE LAW**

## 1. Name of Claimant(s)

DUSTIN HOWE Phone: (208) 659-3132  
6942 W STRIBS POND RD  
COEUR D ALENE ID 83814

## 2. Date of Priority: 8/1/2012

## 3. Source: GROUND WATER Tributary to:

## 4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
49N	04W	5	NE NE		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
49N	04W	5	SW NE		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:

95-17011

5/8/2015

REC

MAY 08 2015

IDWR/NORTHERN

RECEIVED  
MAY 08 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 X 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: 5/8/15

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