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: 95-17013

Date Received: 5/14/2015

Received By: 2W

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

1. Name of Claimant(s)

MARY GOITIA

Phone:(818) 632-2224

19750 S PROVIDENCE LN

WORLEY ID 83876

LAURENCE GOITIA

Phone: (818) 632-2224

19750 S PROVIDENCE LN

WORLEY ID 83876

2. Date of Priority:

10/11/1994

GROUND WATER

Tributary to:

4. Point of Diversion:

Township

Section

18

1/4 of 1/4 of 1/4

SE SE

Lot County

<u>Type</u>

48N

3. Source:

04W

Range

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

STOCKWATER

01/01 12/31

0.02

7. Total Quantity Appropriated is:

0.06 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes: 1

Water Use

Type Of Stock

<u>Use</u>

Number Of Stock

9. Place of use:

Township Range

Section 1/4 of 1/4

Lot

DOMESTIC

Acres

48N

04W

18 SE SE

Section Acres

Township

Range

Section 1/4 of 1/4 Lot

Use

Acres

48N

04W

18

SE SE

STOCKWATER Section Acres

Total Acres

95-17013

5/14/2015

 Place of use in countie Do you own the proper 	s: KOOTENAL ty listed above as place of use	? Yes	
12. Other Water Rights Us	ed:		
13. Remarks:			
Priority date description	on:		
Description of use:	Water Use	Description	
	DOMESTIC		
	STOCKWATER		
14. Basis of Claim: Ber	neficial Use		
15. Signature(s)			
"How you will receive no not wish to receive For Individuals: I/We do foregoing document are Signature of Claimant(s	May	cane River Basin Adjudication for monthly copies of the docker penalty or perjury that the significant pate:	tatements contained in the
For Organizations: I do solemnly swear or affirm under penalty or perjury that I am			
Title	Of	Organization	*
That I have signed the foregoing document in the space below as			
	of	Organization	,
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			

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