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OCT 01 2015

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF  
TWIN FALLS

IDWR / NORTH

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: 95-17091

Date Received: 10/1/2015

Received By: *NO31550*  
*LW*

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

1. Name of Claimant(s)

JOHN URIGUEN Phone: (208) 664-4546  
7955 W SILO RIDGE RD  
COEUR D ALENE ID 83814  
LANETTE URIGUEN Phone: (208) 664-4546  
7955 W SILO RIDGE RD  
COEUR D ALENE ID 83814

2. Date of Priority: 7/12/2002

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	04W	5	SW NW		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
48N	04W	5	SW 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:

95-17091

10/1/2015

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 ~~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):

X John Urquien

Date:

10/1/15

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