


DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

JUN 24 2025
IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

By  Clerk
CIVIL CASE NUMBER: 49576
Deputy Clerk

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

Ident. Number: 95-18683
Date Received:
Receipt No:
Claim Fee: \$25.00
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

ANDERSON FAMILY 1980 TRUST
C/O JAMES ANDERSON
19840 SOARING WING DR
COLORADO SPRINGS CO 80908

Phone: (904) 806-2091

2. Date of Priority: 5/19/2000

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
49N	04W	23	SW NW		KOOTENAI	

5. Description of diverting works:

SHARED WELL WITH PUMP TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	05/01	10/31	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC FOR 1 HOME

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
49N	04W	23	SE		NW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

95-18682: SURFACE WATER FROM LAKE COEUR D'ALENE

12. Remarks:

Priority Date Explanation:

DATE WELL WAS COMPLETED AND CONNECTED TO HOME

13. Basis of Claim: Beneficial Use

14. 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.

Number of attachments: 0

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

<u>SUCCESSOR TRUSTEE</u>	of	<u>ANDERSON FAMILY 1980 TRUST</u>
Agents Title (please print)		Name of Organization (please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent [Signature] Date 6/20/2025

Printed Name of Authorized Agent JAMES A. ANDERSON