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

DEPT. OF WATER RESOURCES

CIVIL CASE NUMBER: 49576

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

Ident. Number: 95-18682  
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: 12/31/1914

3. Source:

COEUR D ALENE LAKE

Trib. to:

SPOKANE RIVER

4. Point of Diversion:

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

5. Description of diverting works:

INTAKE PIPE IN LAKE WITH PUMP UNDER THE 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 ONE HOME

SCANNED

JUN 02 2025

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:

SHARED WELL

12. Remarks:

Priority Date Explanation:

CABIN WAS FINISHED IN 1915, BUILDING BEGAN IN 1914 AND USED WATER FROM THE LAKE FOR CONCRETE

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  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

SUCCESSOR TRUSTEE of ANDERSON FAMILY 1980 TRUST  
 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 5/23/2025

Printed Name of Authorized Agent JAMES A. ANDERSON