

**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: 95-17669
Date Received:
Receipt No: N033858
Claim Fee:
Received By: _____

AMENDED

**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)

GREG HASENOEHRL
S 11309 FREYA
PO BOX 19148
SPOKANE WA 99219

Phone: (509) 869-3028

JULIE HASENOEHRL
PO BOX 19148
SPOKANE WA 99219

Phone: (509) 869-3056

2. Date of Priority: 6/15/1964

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
48N	04W	19		4	KOOTENAI	

5. Description of diverting works:

Pump in lake supplies water to Tract 6, East 1/2 of Tract 7 and Tax #17557, Pine Terrace Tracts.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1 /1	12/31	0.03		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Household domestic use and watering site vegetation.

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
48N	04W	19	NW		SW	4	

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:

12. Remarks:

Priority Date Explanation:

The home was built in 1964, and it has been supplied with water from lake since it was built.

13. Basis of Claim: Beneficial Use

14. Signature(s)

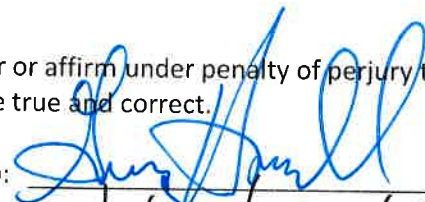

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Date: 12-3-18

Date: 12-3-18