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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

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: 95-17074

Date Received: 9/10/2015

Received By:

NO31517
LW

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

1. Name of Claimant(s)

BARTON HAYES Phone: (208) 916-5228
17025 S ASBURY RD
HARRISON ID 83833

LORETTA HAYES Phone: (208) 916-5228
17025 S ASBURY RD
HARRISON ID 83833

2. Date of Priority: 5/20/1940

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 | 03W | 7 | NE NE | 1 | 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 | 03W | 8 | 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:

95-17074

9/10/2015

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. Loretta Hays
Bart Hays

Date:

9-10-15

Date:

9-10-15

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