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Claim Number:	95-87
Claim Fee:	\$25.00
Claimant(s):	DANIEL SCHAFER
	3319 W. 23RD AVE.
	SPOKANE , WA
	99224
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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: 95-87
Date Received:
Receipt No.:**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DANIEL SCHAFER	3319 W. 23RD AVE.	SPOKANE	WA	USA	99224

MARY LOU JOHNSON " " " " "

2. Date of Priority:

Date	Explanation
7/1/1946	This is the priority date on the Decreed Water Right 95-87

3. Source:

Source	Tributary	Type
HAYDEN LAKE	SINKS	
HAYDEN LAKE	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
51N	03W	11	2			KOOTENAI
51N	03W	11	3	NW	NW	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	4 / 1	10 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.40	0.0

Totals:

CFS	AF	KW
0.020	0.40	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	51N	03W	11			KOOTENAI	2	-

9. Basis of Claim:

Basis	WaterRight
Decreed	95-87

10. 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: 6/17/09
Date: 6/17/09

For Organizations: I do solemnly swear or affirm under penalty of 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