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Claim Number: 95-08265

Claim Fee: \$54.00

Claimant(s):
HILBY'S ADDITION TO SQUAW BAY
5846 S. MARY AVE.
HARRISON, ID
83833

Claimed Purpose(s) of Use: DOMESTIC
IRRIGATION

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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: 95-08265
Date Received:
Receipt No.:

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

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1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
HILBY'S ADDITION TO SQUAW BAY	5846 S. MARY AVE.	HARRISON	ID	USA	83833

2. Date of Priority:

Date	Explanation
2/15/1983	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	03W	4	5	NW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.200	10.80	0.0
IRRIGATION	0.080	12.00	0.0

Totals:

CFS	AF	KW
0.200	12.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	4

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	03W	4	NW	SW	KOOTENAI	5	-
IRRIGATION	49N	03W	4	NW	SW	KOOTENAI	5	4

9. Basis of Claim:

Basis	WaterRight
License	95-08265

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 ☒ 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: _____
 _____ Date: _____

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

Trustee of Hilby's Addition to Squaw Bay
 Title Organization

that I have signed the foregoing document in the space below as

Trustee of Hilby's Addition to Squaw Bay
 Title Organization

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

Signature of Authorized Agent Barbara Nimke Date 5-28-09
Title and Organization Trustee, Helly's Addition to Squaw Bay
Please print name
Barbara Nimke