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: 95-9036

Date Received: 10/20/2009

Receipt No: N022530

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

HAUSER LAKE HEIGHTS HOMEOWNERS ASSOCIATION Phone:(208) 683-0500

PO BOX 2397

POST FALLS ID 83877

2. Date of Priority: 8/18/2003

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4		Lot	County	Type
51N	06W	12	SE	SW		KOOTENAI	
51N	06W	13	NE	SW		KOOTENAI	
51N	06W	13	NE	SW		KOOTENAI	

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
MUNICIPAL	1 /1 12/31	0.45	208.9

7. Total Quantity Appropriated is: 0.45 C.F.S. and/or 208.9 A.F.A

8. Non-irrigation uses:

9. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
51N	06W	13	NE	SW		MUNICIPAL	
			NW	SE		MUNICIPAL	
			NW	SW	4	MUNICIPAL	
			SE	NW		MUNICIPAL	
			SE	SW		MUNICIPAL	
			SW	NE		MUNICIPAL	
			SW	SE		MUNICIPAL	
			SW	SW	5	MUNICIPAL	
						Section 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:

Priority date description: Date of well construction.

Description of use:	Water Use	Description
	MUNICIPAL	Water service for 79 service connections.

14. Basis of Claim: License

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 _____ 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): _____ Date: _____

_____ Date: _____

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 bellow 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