

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: 95-9800

Date Received: 7/20/2009

Receipt No: N021439

Received By:

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

1. Name of Claimant(s)

PATRICIA BLEGEN TRUST
4801 S ASSEMBLY RD
SPOKANE WA 99224

2. Date of Priority: 1/1/1938

3. Source: SPIRIT LAKE

Tributary to: SPIRIT CREEK

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
53N	05W	14	SW NE		KOOTENAI	
53N	05W	14	SE NE		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DIVERSION TO STORAGE	4 /15 11/15	0.02	0
DOMESTIC	1 /1 12/31	0.3	0
IRRIGATION	5 /1 10/15	0.04	0

7. Total Quantity Appropriated is: 0.3 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
53N	05W	14	SW NE		DOMESTIC	

Section Acres

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
53N	05W	14	NW NE	2	IRRIGATION	5.1
			NE NE	1	IRRIGATION	2.7

Section Acres 7.8

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:

<u>Description of use:</u>	<u>Water Use</u>	<u>Description</u>
DIVERSION TO STORAGE		water from spring held in 550 gal tank for domestic usage.
DOMESTIC		
IRRIGATION		

14. Basis of Claim: Statutory Claim

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 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