

**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: 7-20-09
Receipt No.: N021439

RECEIVED
JUL 20 2009
IDWR/North

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PATRICIA BLEGEN TRUST	4801S. ASSEMBLY RD.	SPOKANE	WA	USA	99224

2. Date of Priority:

Date	Explanation
1/1/1938	

3. Source:

Source	Tributary	Type
SPIRIT LAKE	SPIRIT CREEK	
SPIRIT LAKE	SPIRIT CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
53N	05W	14		SW	NE	KOOTENAI
53N	05W	14		SE	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DIVERSION TO STORAGE	-	-	water from spring held in 550 gal tank for domestic usage.
DOMESTIC	1	-	
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	5 / 1	10 / 15
DOMESTIC	1 / 1	12 / 31
DIVERSION TO STORAGE	4 / 15	11 / 15

7. Quantity:

Water Use	CFS	AF	KW
DIVERSION TO STORAGE	0.020	0.00	0.0
DOMESTIC	0.300	0.00	0.0
IRRIGATION	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.300	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	5

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	53N	05W	14	NE	NE	KOOTENAI	1	2.7
IRRIGATION	53N	05W	14	NW	NE	KOOTENAI	2	5.1

9. Basis of Claim:

Basis	WaterRight
Statutory Claim	95-9800

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: _____
 _____ Date: _____

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

Title of _____
Organization

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

Title of _____
Organization

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

Signature of Authorized Agent

Andrea Schwartzman

Date

7/13/09

Title and Organization PATRICIA BLEGEN TRUST

Please print name