

# Print Claim Stub

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*NO 24781*

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Claim Number: 95-4394

Claim Fee: \$181.00

Claimant(s):

HAGADONE HOSPITALITY CO.  
C/O JANET ROBNETT, PAINE HAMBLIN LLP, P.O. BOX E  
COEUR D'ALENE, ID  
83816

Claimed Purpose(s) of Use: IRRIGATION

Go to View History page

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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: 95-4394  
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 |
|--------------------------|-----------------------------------------------------|---------------|-------|---------|-------------|
| HAGADONE HOSPITALITY CO. | C/O JANET ROBNETT, PAINE HAMBLIN LLP,<br>P.O. BOX E | COEUR D'ALENE | ID    | USA     | 83816       |

**2. Date of Priority:**

| Date     | Explanation                                 |
|----------|---------------------------------------------|
| 6/1/1925 | Accomplished transfer of Claim No. 95-4394. |

**3. Source:**

| Source             | Tributary     | Type |
|--------------------|---------------|------|
| COEUR D ALENE LAKE | SPOKANE RIVER |      |

**4. Point Of Diversion:**

| Township | Range | Section | Gov Lot | QQ | Q  | County   |
|----------|-------|---------|---------|----|----|----------|
| 50N      | 03W   | 19      |         | SW | NW | KOOTENAI |

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

| Water Use  | Number Of Homes | Stock | Description                                                                         |
|------------|-----------------|-------|-------------------------------------------------------------------------------------|
| IRRIGATION | -               | -     | Irrigation of golf course and landscaping for the Coeur d'Alene Resort Golf Course. |

**6. Season(s) of Use:**

| Water Use  | From Month/Day | To Month/Day |
|------------|----------------|--------------|
| IRRIGATION | 3 / 1          | 11 / 15      |

**7. Quantity:**

| Water Use | CFS | AF | KW |
|-----------|-----|----|----|
|           |     |    |    |

|            |       |      |     |
|------------|-------|------|-----|
| IRRIGATION | 4.890 | 0.00 | 0.0 |
|------------|-------|------|-----|

**Totals:**

| CFS   | AF   | KW |
|-------|------|----|
| 4.890 | 0.00 |    |

**8. Place of Use:**

| Water Use  | Total Claimed Acreage |
|------------|-----------------------|
| IRRIGATION | 130.382               |

| Water Use  | Township | Range | Section | QQ | Q  | County   | Gov Lot | Acreage |
|------------|----------|-------|---------|----|----|----------|---------|---------|
| INDUSTRIAL | 50N      | 03W   | 19      | NE | SE | KOOTENAI | -       | -       |
| IRRIGATION | 50N      | 03W   | 19      | NE | NW | KOOTENAI | -       | 38      |
| IRRIGATION | 50N      | 03W   | 19      | NE | SW | KOOTENAI | 4       | 5       |
| IRRIGATION | 50N      | 03W   | 19      | NW | SE | KOOTENAI | 5       | 15      |
| IRRIGATION | 50N      | 03W   | 19      | SE | NW | KOOTENAI | 4       | 37      |
| IRRIGATION | 50N      | 03W   | 19      | SW | NE | KOOTENAI | -       | 20      |
| IRRIGATION | 50N      | 03W   | 19      | SW | NW | KOOTENAI | 3       | 15.382  |

**9. Basis of Claim:**

| Basis           | Water Right |
|-----------------|-------------|
| Statutory Claim | 95-4394     |

**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

\_\_\_\_\_ 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.