

**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: 95-13511
Date Received: 09/21/2010
Receipt No.: T091796**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
09/21/2010	T091796	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
HAFFNER FAMILY LAKEFRONT PROPOERTY TRUST	80 BROAD ST UNIT 1104	BOSTON	MA	USA	02110

2. Date of Priority:

Date	Explanation
6/1/1968	Our family acquired this property in approximately 1967, and constructed a lake home there in 1967 or 1968. We began to supply water to this propoerty, via a pump submerged in approximately 30 feet of water, in 1968 and that continues to this day. The pump also supplied water to to two adjoining lots (Lot 21 and 22) from when it was acquired till they were sold in approximately 2004

3. Source:

Source	Tributary	Type
LAKE COEUR D'ALENE	COEUR D'ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	04W	13		SW	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	domestic household

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	6 / 1	9 / 1

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.050	0.00	0.0

Totals:

CFS	AF	KW
0.050	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	04W	13	SW	NE	KOOTENAI	2	-

9. Basis of Claim:

Basis
Beneficial Use

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.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name