

**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: 95-13823
Date Received: 11-17-10
Receipt No.: NO 26271
WA

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

RECEIVED
NOV 17 2010
IDWR/North

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MERRIE BURGIN	15432 N SHENANDOAH DR	HAYDEN	ID	USA	83835

2. Date of Priority:

Date	Explanation
4/11/1969	BENEFICIAL USE FOR THE DAY AFTER A PREVIOUS ADJUDICATION

3. Source:

Source	Tributary	Type
HAYDEN LAKE	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	03W	34	7	SW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	DOMESTIC OF 1 HOME FOR YEAR ROUND USE. CLAIM 95-404 IS AN OVERLAPPING RIGHT FOR SUMMER USE ONLY

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW

DOMESTIC	0.040	0.00	0.0
----------	-------	------	-----

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	52N	03W	34	SW	SW	KOOTENAI	7	-

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: 0

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): Melanie Burgin Date: 11/17/10
 _____ 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

Print Claim Stub

Thank you for submitting your claim to IDWR.

If paying in person, please print this page and bring it with you.

If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.

Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

RECEIVED
NOV 17 2010
IDWR/North

Print This Page

Claim Number:	95-13823
Claim Fee:	\$25.00
Claimant(s):	MERRIE BURGIN
	15432 N SHENANDOAH DR HAYDEN , ID 83835
Claimed Purpose(s) of Use:	DOMESTIC

No26271
CM

Go to View History page

Logout

Office address and phone number:

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800