

**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 49576
NUMBER:
Ident. Number: 95-11658
Date Received:
Receipt No.: TO 89769**

AMENDED

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

**RECEIVED
DEC 10 2010
IDWR/NORTHERN**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN W & DEBORAH F ZAK	5109 N OAKLAND RD	OTIS ORCHARDS	WA	USA	99027

2. Date of Priority:

Date	Explanation
~~5/1/1986~~ *9/1/1954	THIS IS THE YEAR WE PURCHASED THE HOME, WE DO NOT KNOW WHEN IT WAS FIRST UTILIZED

3. Source:

Source	Tributary	Type
STREAM	HAUSER LAKE	RE-DIVERSION

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	05W	29		NW	SE	KOOTENAI

** see attached
copy of newspaper
found inside log
cabin originally
built on property*

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	DOMESTIC AND SOME IRRIGATION OF LAND

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	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	52N	05W	29	NW	SE	KOOTENAI	-	-
DOMESTIC	52N	05W	29	SW	NE	KOOTENAI	-	-

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