

**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: 95-8308
Date Received:
Receipt No.: NO 22110**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
BRETT HATROCK	PO BOX 452	RATHDRUM	ID	USA	83858
AMBER HATROCK	PO BOX 452	RATHDRUM	ID	USA	83858

**RECEIVED
FEB 14 2011
IDWR/NORTHERN**

2. Date of Priority:

Date	Explanation
5/18/1983	

3. Source:

Source	Tributary	Type
TWIN LAKES	RATHDRUM CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
53N	04W	31	4	SW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	3 / 15	11 / 15

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.010	0.30	0.0

Totals:

CFS	AF	KW
0.010	0.30	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	53N	04W	31			KOOTENAI	4	-

9. Basis of Claim:

Basis	WaterRight
License	95-8308

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): *Bert & Barbara* Date: 2-10-11
Amber Satuck Date: 2-10-11

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