

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

RECEIVED

MAY 10 2011

IDWR/NORTHERN

Please type or print clearly

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

CIVIL CASE NUMBER: 49576 95-0144
Ident. Number 95-14622
Date Received: 11-17-09
Receipt No: N022877
Received By: am

RECEIVED

NOV 17 2009

IDWR/North

1. Name of Claimant (s) TERRY L. + SUSAN K. MADSEN Phone (509) 448-7048
GREG M. + LINDA J. DEVLIN

Mailing Address 5119 S. HOGAN, SPOKANE, WA ZIP 99223
Street or Box City State

2. Date of Priority (Only one (1) per claim) 4/1/1945
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other ☒ (a) HAYDEN LAKE
which is tributary to (b) N/A

4. a. Location of Point of Diversion is: Township 15, Range 51N, Section 03W,
1/4 of _____, 1/4 Govt. Lot 4, BM., County of KOOTENAI

Parcel (PIN) no. 0-3500-000-054-0

Additional points of diversion if any: N/A

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed
and as enlarged and the depth of each well.

SUBMERSIBLE PUMP AND WATER LINE INTO
HAYDEN LAKE ADJACENT TO SEASONAL LAKE
CABIN.

SCANNED
MAY 10 2011

SCANNED
NOV 17 2009

6. Water is claimed for the following purposes:

DIMINIMUS
For DOMESTIC USE purposes from 4/1 (both dates are inclusive MM-DD) to 10/31 (cfs) amount 0.02 or 1/2 acre ft (acre feet)
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) 1/2 (acre feet)

(THIS IS OBTAINED FROM YOUR INSTRUCTIONS ONLY)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) 1 SEASONAL HOUSEHOLD, DOMESTIC USE ONLY

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
<u>15</u>	<u>S</u>	<u>27</u>																	<u>D</u>

Parcel (PIN) no(s) 0-3500-000-054-0

Total number of acres irrigated 0

10. In which county (ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (☒) No ()

If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (☒)

13. Remarks: SEE ATTACHED ASSESSOR'S MAP SHOWING
LOT 54 AND APPROXIMATE LOCATION OF PUMP.

Last Name MADSEN/DEVLIN Identification No. _____

COINDED

14. Basis of Claim (Check One) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-0144

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do () do not (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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) [Signature] Date: 11/15/09
[Signature] Date: 11/15/09
[Signature] Date: 11/15/09

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 _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED

NOV 17 2009