

**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 _____

Date Received: 7-1-09

Receipt No: NO 21108

Received By: RECEIVED cm

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

JUL - 1 2009

IDWR/North

Please type or print clearly

1. Name of Claimant (s) Barbara C. Craun and/or Stephen H. Craun III Phone (208) 683-2081

Mailing Address P O Box1795 Hayden ID 83835
Street or Box City State ZIP

2. Date of Priority (Only one (1) per claim) 5/27/1990
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) Sage Creek
which is tributary to (b) Sinks

4. a. Location of Point of Diversion is: Township 53 N, Range 03 W, Section 34,
NE, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. 53N03W347700

Additional points of diversion if any: _____

If available, GPS Coordinates _____

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

Township 53 N, Range 03 W, Section 34, NE, 1/4 of SE, 1/4

Govt. Lot _____, BM., County of Kootenai

ending point is: Township 53 N, Range 03 W, Section 34, NE, 1/4 of SE, 1/4

Govt. Lot _____, BM., County of Kootenai

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. _____

Pump in stream connected to hose _____

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)

For IRRIGATION purposes from 03-15 to 11-15 amount 0.02 or 1

For IRRIGATION STORAGE purposes from 01-01 to 12-31 amount or 0.6

For STOCKWATER purposes from 01-01 to 12-31 amount 0.02 or .1

For STOCKWATER STORAGE purposes from 01-01 to 12-31 amount or 0.6

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

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) stockwater use is for 3 head of mixed stock

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	
53N	03W	34				0.3													0.3
53N	03W	34				S													
53N	03W	34				W													
53N	03W	34				R													
53N	03W	34				IS													
53N	03W	34				SS													

Parcel (PIN) no(s) 53NO3W347700

Total number of acres irrigated 0.3

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: Add to #6 above:

Wildlife storage 01-01 to 12-31 0.6 AFA

Recreation storage 01-01 to 12-31 0.6 AFA

Last Name Craun

Identification No.

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

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-9941

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 () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

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) Barbara C Craun Date: 6/8/2009
[Signature] Date: 6/8/2009

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 Craun Identification No. _____

CRAUN PIN 53N03W-34-7700

