

**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: 94-2038
Date Received: 09/07/2011
Receipt No.: N028041B

dm

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LINDA HEDGECKE	PO BOX 58	KELLOGG	ID	USA	83837

2. Date of Priority:

Date	Explanation
5/7/1908	SILVER VALLEY REMEDIATION, CLEANUP, ALONG MOON CREEK MAY HAVE OBLITERATED SOME HISTORIC WATER DITCHES, ETC.

3. Source:

Source	Tributary	Type
MOON CREEK	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	03E	3		NW	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock		Description				
DOMESTIC	1	-		BACKUP DOMESTIC USE FOR TWO HOMES (SAME OWNER) AND IRRIGATION OF .5 ACRES LAWN GARDEN, ETC.				
STOCKWATER	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Mixed Stock</td><td>1 - 10</td></tr></table>	Type of Stock	Number of Stock	Mixed Stock	1 - 10	STOCKWATER PLACE OF USE ON OUR PROPERTY ASSOCIATED WITH OLD FARMHOUSE, HOMESTEAD, ON ADJACENT PROPERTY PIN RP48N03E038020.	
Type of Stock	Number of Stock							
Mixed Stock	1 - 10							

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.080	0.00	0.0
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.080	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	03E	3	NW	SE	SHOSHONE	-	-
STOCKWATER	48N	03E	3	NW	SE	SHOSHONE	-	-

9. Basis of Claim:

Basis	WaterRight
License	94-2038

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): *Linda Hedgecock* Date: 9-7-11
 _____ 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