

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 ⁹⁵⁻¹⁵⁵¹⁴Ident. Number 95-9663Date Received: 7/15/09Receipt No: N021329 AReceived By: Ken

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) PATRICK M. MCINTYRE Phone (Res) 661-5925Mailing Address PO Box 2607 Hayden, ID. ZIP 83835
Street or Box City State2. Date of Priority (Only one (1) per claim) 3-14-1917
Month Day Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (☒) (a) Sage Creekwhich is tributary to (b) SAGE CREEK4. a. Location of Point of Diversion is: Township 53 North, Range 03 W, Section 36N.E. 1/4 of N.W. 1/4 Govt. Lot _____, BM., County of KootenaiParcel (PIN) no. 36-4000 TAX PER ID 53903W

Additional points of diversion if any: _____

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.

SMALL DIVERSION DAM ON SAGE CRK.

SCANNED

APR 06 2012

SCANNED

WATER Rights # 96-20230

JUL 15 2009

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)
 For IRRG 1 purposes from 10-15 to 11-15 amount 14 or 30
 For _____ purposes from _____ to _____ amount _____ or _____
 For SEE ATTACHED purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.18075 (cfs) and/or (b) 39 ACR-FT (acre feet)
46 cfs Dm 21.7 AF Dm

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) REC. LIVESTOCK FIRE PROT.

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>53N</u>	<u>03W</u>	<u>34</u>					<u>R</u>												<u>5.10</u>

Parcel (PIN) no(s). 53N03W342900

Total number of acres irrigated 5.10

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.

13. Remarks: CHANGES BEING MADE THROUGH
A ACCOMPLISHED TRANSFER

SCANNED
 APR 06 2012

Last Name _____ Identification No. _____

JUL 15 2009

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

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 96-2023C portion

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: 3 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) Latach M McTaggart Date: 7-15-09

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 _____

Address _____

Date _____

SCANNED

APR 06 2012

Last Name _____ Identification No. _____

JUL 15 2009

POU

53N03W34NENW

POND

SCANNED
APR 05 2012

SCANNED
JUL 11 2012