

**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: 95-8771
Date Received: 06/14/2013 *dm*
Receipt No.: N029934

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CALVIN A CLAUSEN	4229 S EVERGREEN RD	VERADALE	WA	USA	99037

2. Date of Priority:

Date	Explanation
8/27/1992	

3. Source:

Source	Tributary	Type
HAYDEN LAKE	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	03W	34	5	NE	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
FIRE PROTECTION	-	-	FIRE PROTECTION FOR ENTIRE PROPERTY TAX PARCEL 52N03W-34-8125.
IRRIGATION	-	-	.5 ACRES LAWN AND GARDEN

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15
FIRE PROTECTION	1 / 1	12 / 31

7. Quantity:

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Water Use	CFS	AF	KW
FIRE PROTECTION	0.050	0.00	0.0
IRRIGATION	0.020	1.50	0.0

Totals:

CFS	AF	KW
0.050	1.50	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.5

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
FIRE PROTECTION	52N	03W	34	NE	SW	KOOTENAI	5	-

9. Basis of Claim:

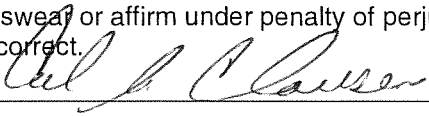
Basis	WaterRight
License	95-8771

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: -0-

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):  Date: 6-14-13
 _____ 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