

Corrected Claim

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:

94-7736

Date Received:

Receipt No.:

3-1-10
NO 23637
RECEIVED

JAN - 4 2010

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RICHARD HAAKENSON	14321 W PRAIRIE AVE	POST FALLS	ID	USA	83854

2. Date of Priority:

Date	Explanation
1/9/1995	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	04E	29		SE	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	1 home

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	4 / 1	11 / 1

7. Quantity:

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SCANNED
JAN - 4 2011

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	04E	29	SE	NW	SHOSHONE	-	-
DOMESTIC	50N	04E	29	SE	NW	SHOSHONE	-	-
DOMESTIC	50N	04E	29	SE	NW	SHOSHONE	-	-

9. Basis of Claim:

Basis
Beneficial Use

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): Richard L. Harkness Date: 12-25-10
 _____ 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

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