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OCT 15 2014

IDWR/NORTHERN

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 91-7102
Date Received: 10/15/2014
Receipt No: N026574, N026575
Received By: LW, C095439
C095440

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

STEVE HAWKS Phone: 208-245-2403

89231 HWY 3N
SAINT MARIES ID USA 83861

DEANNE HAWKS Phone: (208)245-2403

89231 HIGHWAY 3 N
ST MARIES ID USA 83861

2. Date of Priority: 07/22/1988

3. Source: ST JOE RIVER Trib. to: COEUR D ALENE LAKE

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 Lot	County	Type
46N	02W	7	NE	SE	7	BENEWAH	

5. Description of diverting works:

PUMP AND PIPELINE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	03/15	11/15	0.02	0.6

7. Total Quantity Appropriated is:
0.02 C.F.S. and/or 0.6 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
46N	02W	7	NE	SE	7	DOMESTIC

11. Place of use in counties: BENEWAH

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

Domestic use is for irrigation of lawn & garden.

15. Basis of Claim: License

16. 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 Snake 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 that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Deanne Hawb Date: 10-15-14

_____ Date:

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this

of _____ 20__

Notary Public

Residing at _____

My commission Expires _____