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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: 95-12397

Date Received: ~~4/26/2016~~ 9/10/2015

Receipt No: N024158

Received By: LW

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

BARTON HAYES Phone: (208) 916-5228

17025 S ASBURY RD

HARRISON ID 83833

LORETTA HAYES Phone: (208) 916-5228

17025 S ASBURY RD

HARRISON ID 83833

2. Date of Priority: 11/14/1988

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	03W	8	NW NW		KOOTENAI	
48N	03W	7	NE NE	1	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.02	

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

8. Non-irrigation uses:

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	03W	7	NE NE	7	DOMESTIC	
Section Acres						
Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	03W	8	NW NW		DOMESTIC	
Section Acres						
Total Acres						

10. Place of use in counties: KOOTENAI

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

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use

Description

DOMESTIC

14. Basis of Claim: Beneficial Use

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 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Heather Hays

Date: 9-10-15

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Title of Organization

That I have signed the foregoing document in the space below as

Title of 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