

JAN 29 2016

DEPARTMENT OF
WATER RESOURCES

**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

ID Number: 92-7203

Date Received: 1/26/2016

Receipt No: N031707

Amount: \$101.00 By: EE

COPY

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

Please type or print clearly

1. Name of claimant(s) GARY Hagen or Edna Hagen Phone 1509 758 3450
Mailing address 2855 Reservoir Rd Clanston Wash ZIP 99403
Street or Box City State
2. Date of priority (only one (1) per claim) 7/23/1993
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) UNNAMED STREAM
which is tributary to (b) SANTA CREEK
4. a. Location of point of diversion is: Township 44N, Range 3W, Section 35,
SE 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of BENEWAH
Parcel (PIN) no. RP44N03W356600
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, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., 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.
THREE SMALL DAMS AND PONDS

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For FISH PROP. STORAGE purposes from 1/1 to 12/31 amount _____ or 19.0

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) 19.0 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): FISH PROPAGATION

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 (e.g. 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	
44N	3W	35												H					

Parcel (PIN) no(s). RP44N03W356600

Total number of acres irrigated _____

10. In which county(ies) are lands listed above as place of use located? BENEWAH

11. Do you own the property listed above as place of use? Yes (x) No ()

If your answer is no, describe in remarks below the authority you have to claim this water right.

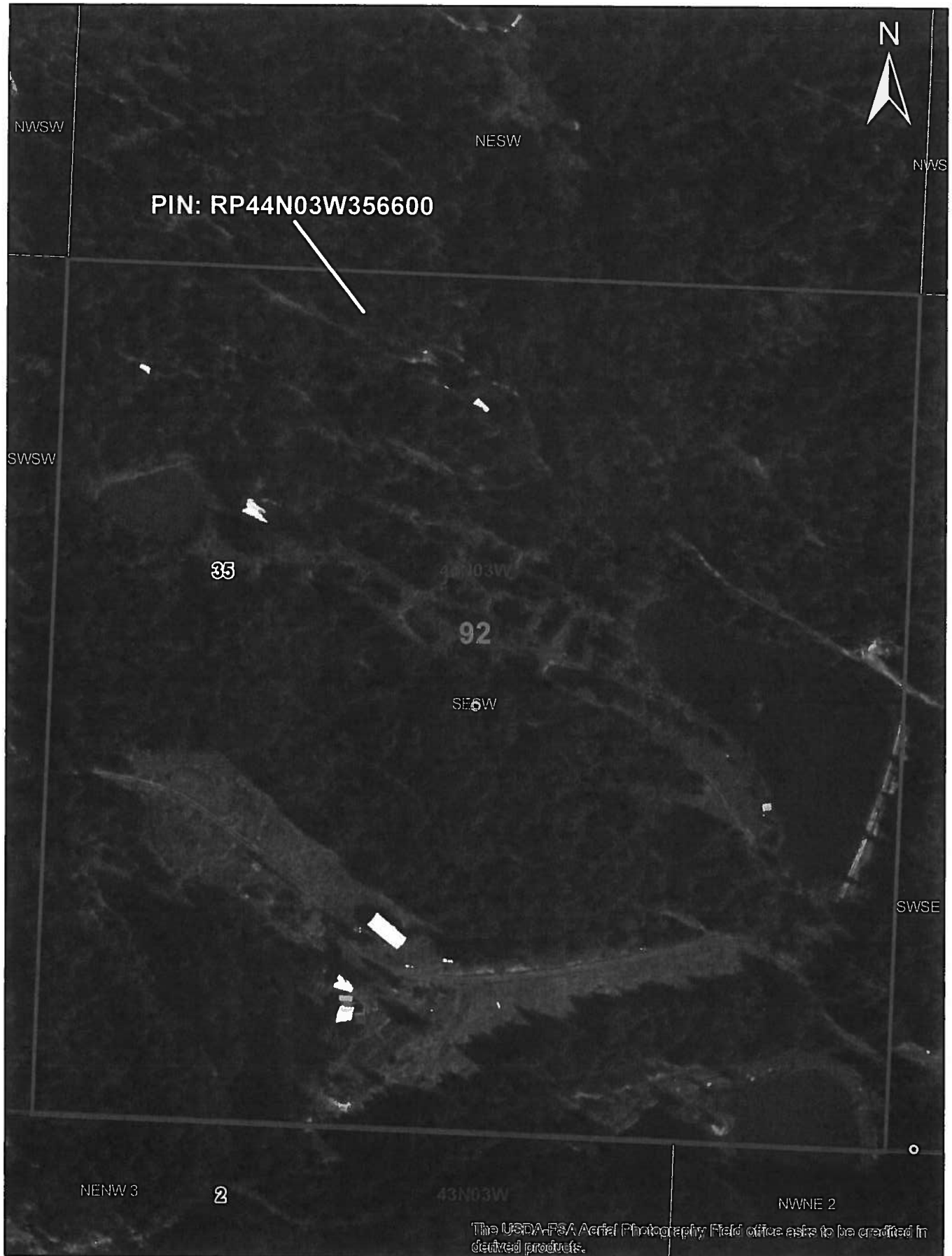
12. Describe any other water rights used at the same place and for the same purposes as described above.

92-4130, 92-7141, 92-7206, 92-7212, 92-10006 or None ()

13. Remarks:

Last name _____ Identification no. _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM 92-7203



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 92-7203

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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) Dary Hagan Date: 1-26-16

Edna Hagan Date: 1/26/16

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 _____ Date _____

Address _____

Last name _____ Identification no. _____

