

MAR 21 2016

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE / NORTH
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: 95-12692Date Received: 3/21/2016Receipt No: NO24632Amount: \$2500 By: _____**AMENDED**

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

For domestic and/or stockwater purposes where
daily use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) HARBORVIEW WATER SYSTEM, INC Phone 208-771-1448
Mailing address PO BOX 1752 COEUR D'ALENE ID 83816
Street or Box City State ZIP
- Date of priority (only one (1) per claim) 12/31/1995
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 50N, Range 04W, Section 7,
SE 1/4 of NE 1/4, or Govt. Lot 6, B.M., County of KOOTENAI
Parcel (PIN) no. 03320000084B
Additional points of diversion, if any: _____
If available, GPS coordinates _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, 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.
WELL WITH PIPELINE TO THREE HOMES
- Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (x) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): DOMESTIC USE FOR THREE HOMES

9. Location of place of use is: Township 50N, Range 04W, Section 7, SE 1/4 of NE 1/4, or Govt. Lot 6, B.M., Parcel (PIN) no. (if different than shown in Item 4) 03320000084A

For (check one) Domestic () Stock () Domestic and Stock ()

Additional places of use, if any: 03320000084B, 033200000860

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

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

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.

_____ or None (x)

13. Remarks:

I SANDRA HAIGHT AM TREASURER FOR HARBORVIEW WATER SYSTEM, INC. THE THREE TAX
PARCELS CLAIMED ARE UNDER SEPARATE OWNERSHIP.

14. Basis of claim (check one) Beneficial Use (x) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number _____

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: _____

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) Sandra Haight

Date: 3/21/16

Date: _____

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Harberview Water System Inc. Treasurer 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 forgoing 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 _____
