

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: 95-11093

Date Received: 9/1/2009

Receipt No: T089243

Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

DAVID BARNES
8325 N UPLANDS DR
HAYDEN ID 83835

Phone: (208) 762-2260

LINDA BARNES
8325 N UPLANDS DR
HAYDEN ID 83835

Phone (208) 762-2260

2. Date of Priority: ~~4/1/2000~~ ^{DRB} 4/11/1969 No claim filed / Cabin built in 1950s

3. Source: HAYDEN LAKE Tributary to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
51N	03W	3	NW NE	5	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	^{DRB} C.F.S.	(or) A.F.A.
DOMESTIC	^{DRB} 1/1	12/31	0.04	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A.

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
--------------------	-----------	---------------	-----------------

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
51N	03W	3	NW NE	5	DOMESTIC	
						Section Acres
						Total Acres

10. Place of use in counties: KOOTENAI

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

12. Other Water Rights Used:

95-11093

5/30/2012

SCANNED
OCT - 5 2012

13. Remarks:

4/11/69

DRB

No claim filed in Hayden decree
Cabin built in 50's

Priority date description: We bought this property in April of 2000.

Description of use: Water Use

Description

DOMESTIC

light residential, seasonal
less than 1000 gallons a month

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 X 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): X David R Brown Date: 10-1-12

X Linda Barnes Date: 10-1-12

For Organizations: I do solemnly swear or affirm under penalty or 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