

APR 26 2018

IDWR/NORTHERN RICT OF THE

**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: 95-8737

Date Received: 4/26/2018

Receipt No: N032396

Amount: \$106.00 By: CM

AMENDED

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

Please type or print clearly

1. Name of claimant(s) Hagadone Hospitality Co Phone 208 667-3431
Mailing address Box 6200, Coeur d'Alene ID Street or Box City State ZIP 83816
2. Date of priority (only one (1) per claim) 2/3/1992
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) Coeur d'Alene Lake
which is tributary to (b) Spokane River
4. a. Location of point of diversion is: Township 50N, Range 3W, Section 19,
SW 1/4 of NW 1/4, or Govt. Lot 3, B.M., County of Kootenai
Parcel (PIN) no. C7630001003A
Additional points of diversion if any: _____
If available, GPS coordinates: 47° 39.91' Lat - 116° 45.59' Long
- 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.
Pump & Pipes

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6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For Irrigation purposes from 3/15 to 11/15 amount 0.02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.02 (cfs) and/or (b) 2.3 (acre-feet)

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

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	
50N	3W	19		.5	4											1			5.5
				Lt 1												Lt 5			

Parcel (PIN) no(s). _____

Total number of acres irrigated 5.5

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 (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.

_____ or None ()

13. Remarks:

Change in point of diversion pursuant to 42-1425, Idaho Code

Last name Hagadone Hospitality Co

Identification no. _____

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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 95-8737

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 () 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) _____ Date: _____

_____ Date: _____

For organizations:

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

President _____ of Hagadone Hospitality Co _____,
Title Organization

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

President _____ of Hagadone Hospitality Co _____,
Title Organization

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

X Signature of authorized agent  Date 4-25-18

Title and organization President, Hagadone Hospitality Co

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 _____

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Last name Hagadone Hospitality Co Identification no. _____

Amended Claim 95-8737

T50N R3W Sec 19



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