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IDWR / NORTH

Form No.42-1409-1 (Internet 3/12)

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: 95-9048

Date Received: 6/28/2018

Receipt No: N029611C

Amount: 113.00 By:

AMENDED

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) BRAD HAGADONE Phone 208 667-3431
Mailing address 2731 W HORNED OWL RD, COEUR d'ALENE, ID ZIP 83814
Street or Box City State
2. Date of priority (only one (1) per claim) 6-15-2000
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) LAKE COEUR d'ALENE
which is tributary to (b) SPOKANE RIVER
4. a. Location of point of diversion is: Township 50N, Range 4W, Section 22,
SW 1/4 of SE 1/4, or Govt. Lot 4, B.M., County of KOOTENAI COUNTY
Parcel (PIN) no. 50N04W228600
Additional points of diversion if any: Second point of diversion at same location
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.
7.5 HP 60 GPM PUMP (SYSTEM HAS BEEN UPGRADED TO 2 10HP PUMPS. THIS SYSTEM ALSO
PROVIDES WATER FOR THE IRRIGATION OF LANDS OWNED BY DUANE HAGADONE. SEPARATE
APPLICATION FOR PERMIT FOR THE ADDITIONAL WATER WILL BE FILED WITH IDWR)

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6. Water is claimed for the following purposes:

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

For DIVERSION TO STORAGE purposes from 3-15 to 11-15 amount 0.13 or _____

For IRRIG & REC STORAGE purposes from 3-15 to _____ amount _____ or 52.6

For IRRIGATION FROM STOR purposes from 3-15 to 11-15 amount _____ or 39.3

For IRRIGATION purposes from 3-15 to 11-15 amount 0.13 or 39.3

7. Total quantity claimed (a) 0.13 (cfs) and/or (b) 52.6 (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	
52N	04W	22												R					
52N	04W	22											2.5	10					12.5
52N	04W	27					0.6												0.6

Parcel (PIN) no(s). 50N04W226900

Total number of acres irrigated 13.1

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 (x)

13. Remarks:

IDL ENCROACHMENT PERMIT L-95-S4551

Last name HAGADONE, BRAD

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 95-9048

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 (x) do not () 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)  Date: 6-25-18

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 _____

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Last name HAGADONE, BRAD Identification no. _____