

**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 49576
NUMBER:
Ident. 95-17669
Number:
Date 10-29-2018
Received: 10-29-2018
Receipt No.: N033858

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OCT 29 2018

IDWR / NORTH

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
GREG HASENOEHRL	PO BOX 19148	SPOKANE	WA	USA	99219
JULIE HASENOEHRL	PO BOX 19148	SPOKANE	WA	USA	99219

2. Date of Priority:

Date	Explanation
8/13/2008	Closing date of purchase.

3. Source:

Source	Tributary	Type
LAKE COEUR D ALANE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04W	19	4			KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Household domestic use and watering site vegetation.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.030	0.00	0.0

Totals:

CFS AF KW

0.030 0.00

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	04W	19	NW	SW	KOOTENAI	4	-

9. Basis of Claim:

Basis

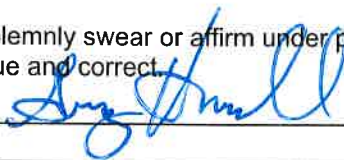
Beneficial Use

10. 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 ___ 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: 10/24/18
 _____ Date: _____

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 _____

Please print name

Print Claim Stub

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Thank you for submitting your claim to IDWR.

If paying in person, please print this page and bring it with you.

If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.

Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

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Claim Number:	95-17669
Claim Fee:	\$25.00
Claimant(s):	GREG HASENOEHRL
	PO BOX 19148
	SPOKANE , WA
	99219
	JULIE HASENOEHRL
	PO BOX 19148
	SPOKANE , WA
	99219
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:
IDAHO DEPARTMENT OF WATER RESOURCES
7600 N MINERAL DR STE 100
COEUR D ALENE ID 83815-7763
(208) 762-2800