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DEPARTMENT OF
WATER RESOURCES

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: 95-1
Date Received:
Receipt No:
Claim Fee: \$2500
Received By: _____

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

1. Name of Claimant(s)

PATRICK AND BONNIE PARDEN LIVING TRUST
2907 E POINT HAYDEN DR
HAYDEN LAKE ID 83835

Phone: (208) 661-9494

2. Date of Priority: 8/1/1956

3. Source:

HAYDEN LAKE

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
51N	03W	15	NE SW	4	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	4/01	10/31	0.02		0.4

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 0.4 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

SCANNED

AUG 14 2025

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
51N	03W	15	NE		SW	4	

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

P/D AND P/U TRACT 90, HAYDEN LAKE COTTAGE TRACT.

13. Basis of Claim: Decreed

14. 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.

Number of attachments: _____

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

<u>Trustee</u>	of	<u>Patrick and Bonnie Pardon Living Trust</u>
Agents Title (please print)		Name of Organization (please print)

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

Signature of Authorized Agent Pat Pardon Date 8/8/25

Printed Name of Authorized Agent Patrick Pardon