

**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 KOOTNENAI RIVER BASIN WATER
SYSTEM

CIVIL CASE NUMBER: 89576

RECEIVED

AUG 25 2026

IDWR / NORTH

**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**

Ident. Number: 98-7746
Date Received: 8/25/2026
Receipt No: NO46274
Claim Fee: \$25.00
Received By: NB

1. Name of Claimant(s)

HAAG FAMILY LIVING TRUST
32860 N WALKING HORSE LN
ATHOL ID 83801

Phone: (808) 258-5662

2. Date of Priority: 12/1/1994

3. Source:
RUBY CREEK

Trib. to:
DEEP CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
61N	01W	23	SE SE		BOUNDARY	

5. Description of diverting works:

2 hp Homelite pump and motor, 5/8 inch discharge to flexible hose.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.06		1.2

7. Total Quantity Appropriated is:

0.06 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

Domestic use is for outdoor use associated with 2 homes.

9. Place of use:

DOMESTIC within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
61N	01W	23	SE		SE		

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:

The irrigation occurring under this domestic use shall not exceed 1/2 acre per home.

13. Basis of Claim: License

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 KOOTNENAI 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

Trustee of Haag Family Living Trust
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 [Signature] Date 8-25-26

Printed Name of Authorized Agent John Haag