

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 CLARK FORK-PEND OREILLE RIVER BASIN WATER
SYSTEM**

CIVIL CASE NUMBER: 69576

Ident. Number 97-7640

Date Received: 9/10/2021

Receipt No: T110886

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
TIMOTHY P & WANDA M MULLALEY	1189 PENINSULA RD	PRIEST RIVER ID	USA		83856

2. Date of Priority:

Date	Explanation
8/10/1987	Date of well permit approval

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
57N	04W	31		SW	SW	BONNER	

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	2		

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.02		

Totals

CFS	AF	KW
0.02		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
56N	04W	6	NW	NW	BONNER	4	
57N	04W	31	SW	SW	BONNER	4	

9. **Basis:**

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 Clark Fork-Pend Oreille River Basin Water System 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: _____

_____ 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

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