

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 97-7601

Date Received: 9/5/2021

Receipt No: N037380

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MARTIN SCOTT	865 DUBIUS CREEK RD	PRIEST RIVER ID	USA		83856

2. Date of Priority:

Date	Explanation
1/1/1980	The surface well was dug and used coincident with the previous owner's construction of the original residence. A subsequent deep well was drilled at a later date (unknown), by the previous owner and on record, supporting the house, horse barn and related activities.

3. Source:

Source	Tributary
GROUND WATER	
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
58N	05W	11		SE	NE	BONNER	
58N	05W	11		SE	NE	BONNER	

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		Domestic use, single family home and horse barn.
IRRIGATION			Planned limited irrigation and/or limited stock watering (in future).

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31
IRRIGATION	4/1	10/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04		
IRRIGATION	0.15		

Totals

CFS	AF	KW
0.15		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	13.00

DOMESTIC	Township	Range	Section	QQ	Q	County	Govt Lot	Acres

Basis
Beneficial Use

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