

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 97-7652

Date Received: 9/11/2021

Receipt No: T110893

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAYLYNN DAY	5203 SW ADMIRAL WAY	SEATTLE	WA	USA	98116

2. Date of Priority:

Date	Explanation
9/15/2000	Don't remember the exact date but the well was installed and started use around this date for domestic house use and lawn watering.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
57N	04W	8		NW	SW	BONNER	

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	3		Used personally owned well and well pump for domestic household use including in house use and lawn watering. Currently allowing two additional households use of water from our well.

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	7.50	

Totals

CFS	AF	KW
0.02	7.50	

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
57N	04W	8	NW	SW	BONNER		

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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