

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

RECEIVED
SEP 17 2021
IDWR/NORTH

Ident. Number: 97-4071
Date Received: 9/17/2021
Receipt No: N037420
Claim Fee: 25.00
Received By: NS

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)

ROBERT M & JUANITA SAVAGE FAMILY TRUST
C/O ROBERT M & JUANITA SAVAGE
PO BOX 1378
PRIEST RIVER ID 83856

Phone: (208) 290-6923

2. Date of Priority: 1/1/1901

3. Source:

RANGER CREEK
RANGER CREEK

Trib. to:

PRIEST RIVER
PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	8	NE SE		BONNER	Beginning
57N	04W	8	SE SE		BONNER	Ending

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

120 HEAD OF CATTLE

9. Place of use:

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	8	SW		NE		
57N	04W	8	SE		NE		
57N	04W	8	NE		SE		
57N	04W	8	NE		SE		
57N	04W	8	NW		SE		
57N	04W	8	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:

~~2 P/D IN SENE S8, T57N, R4W~~

13. Basis of Claim: Statutory Claim

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 CLARK FORK-PEND OREILLE 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: 2

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Trustee of Savage Family Trust
Title Organization

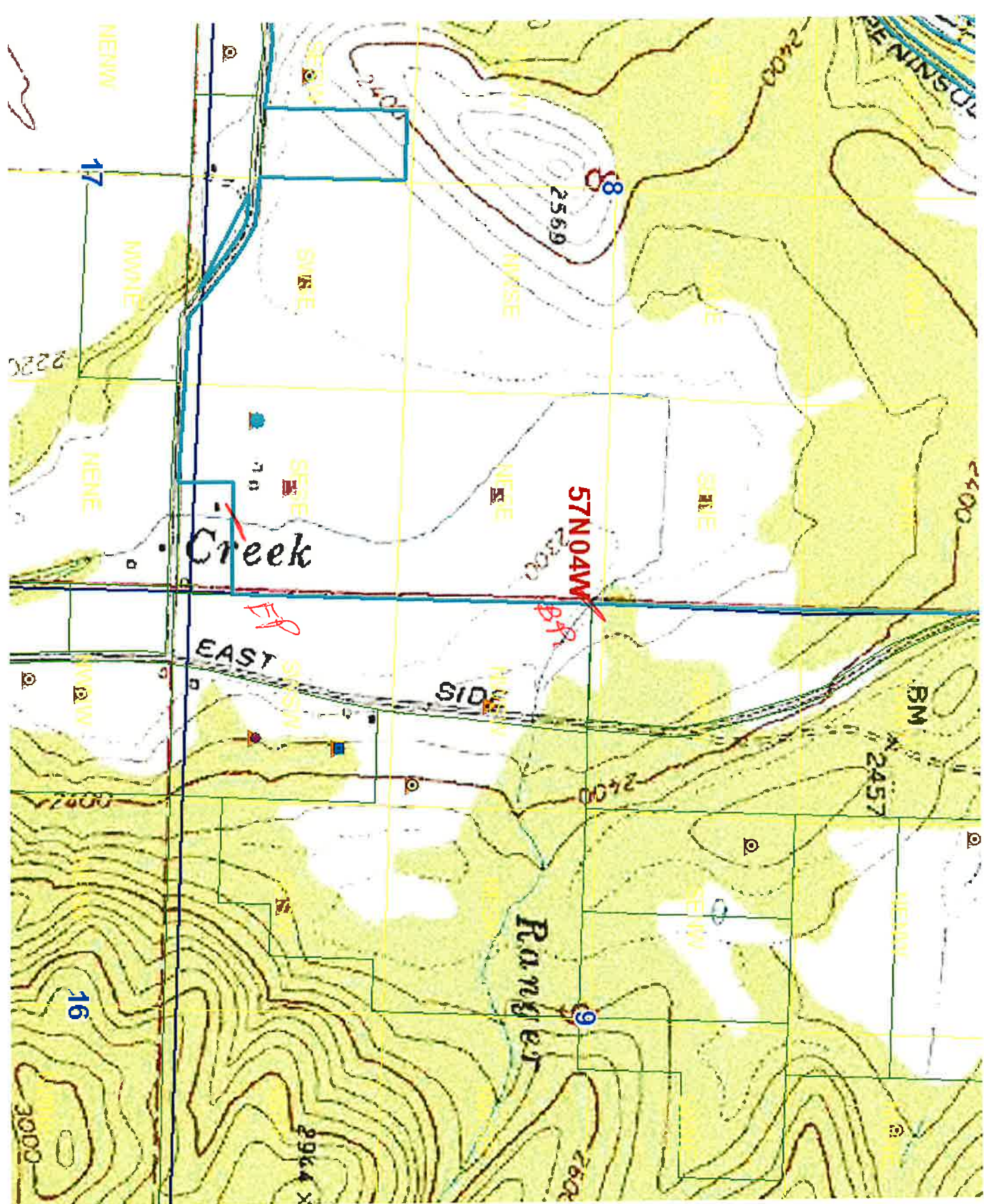
that I have signed the foregoing document in the space below as

Trustee of Savage Family Trust
Title Organization

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

Signature of Authorized Agent Robert Michael Savage Date 9-17-21

Title and Organization Trustee - Savage Family Trust



Accession	Names	Date	Doc #	State	Meridian	Twp - Rng	Aliquots	Sec. #	County
MV-0620-189	BLEEDORN, WILLIAM	6/29/1907	1195	ID	Boise	057N - 004W	NW¼	8	Bonner
IDIDA 031911	BLEEDORN, WILLIAM	6/25/1907	1195	ID	Boise	057N - 004W	S½NW¼	8	Bonner
						057N - 004W	NE¼NW¼	8	Bonner
						057N - 004W	NW¼NW¼	8	Bonner
ID0630___.276	EAMAN, BENJAMIN C	5/14/1906	1178	ID	Boise	057N - 004W	W½NE¼	8	Bonner
						057N - 004W	W½SE¼	8	Bonner
ID0150___.448	HUFF, CALVIN H	1/27/1904	880	ID	Boise	057N - 004W	E½NE¼	8	Bonner
						057N - 004W	E½SE¼	8	Bonner
ID0550___.008	KINDEL, PETER	11/15/1904	1081	ID	Boise	057N - 004W	SW¼	8	Bonner