

**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: 97-7711
Date Received: 9/17/2021
Receipt No: N037420
Claim Fee: 25.00
Received By: MS

**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)

JUANITA SAVAGE LIFE ESTATE
C/O ROBERT MICHAEL
PO BOX 2012
NEWPORT WA 99156

Phone: (208) 290-6923

2. Date of Priority: 9/2/1997

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	8	SE SW		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		
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 hd of cattle

9. Place of use:

DOMESTIC within BONNER County

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

STOCKWATER within BONNER County

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

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:

13. Basis of Claim: Beneficial Use

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 Juanita Savage Life Estate
Title Organization

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

Trustee of Juanita Savage Life Estate
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 Juanita Savage Life Estate



97-7711