

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
RECEIVED

CIVIL CASE NUMBER: 69576

Claim ID: 97-7456

Date Received: 9-22-21

Receipt No: N037466

Claim Fee: \$51.00 By: NS

SEP 22 2021
IDWR/NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Gary R Runkle and/or Barbara Runkle Phone (208) 818-7922
Mailing address 16371 N Radian Rd Rathdrum ID Zip 83858
Street or Box City State
Email address (optional) grrunk@outlook.com
2. Date of priority: (Only one per claim) December 30, 2005 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Lee Creek
which is tributary to (b) Soldier Creek
4. a. Location of point of diversion is: Township 59N, Range 04W, Section 2,
NW 1/4 of SW 1/4, Govt. Lot , BM, County of
Parcel no. RP59N04W025401A
Additional points of diversion, if any:
If available, GPS Coordinates
b. If instream flow, beginning point of claimed instream flow is:
Township , Range , Section , 1/4 of 1/4,
Govt. Lot , BM, County of
Ending point is: Township , Range , Section , 1/4 of 1/4,
Govt. Lot , BM, County of
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.
See water right license.

		(dates are inclusive MM-DD)	(cfs)	(acre-feet)
For	<u>Wildlife Storage</u>	purposes from <u>1/1</u> to <u>12/31</u>	amount <u> </u>	or <u>5</u>
For	<u>Recreation Storage</u>	purposes from <u>1/1</u> to <u>12/31</u>	amount <u> </u>	or <u>5</u>
For	<u>Stockwater Storage</u>	purposes from <u>1/1</u> to <u>12/31</u>	amount <u> </u>	or <u>5</u>
For	<u> </u>	purposes from <u> </u> to <u> </u>	amount <u> </u>	or <u> </u>

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 10 head mixed stock

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

[illegible]

10. In which county(ies) are lands listed above as place of use located? Bonner

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

See water right license.

Name of claimant(s) _____ Claim ID _____

Scale: 2 inches equals 1 mile

[illegible]

Name of claimant(s) _____ Claim ID _____

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License (☒) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 97-7456

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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) *Gary R Bull* Date: 9-22-21

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____