

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 97-7331

Date Received: 9/22/2021

Receipt No: T110986

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
GREGORY C DECKER	PO BOX 158	PRIEST RIVER	ID	USA	83856

2. Date of Priority:

Date	Explanation
10/27/1992	

3. Source:

Source	Tributary
UNNAMED STREAM	QUARTZ CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
58N	05W	25		NW	SW	BONNER	

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04	1.20	

Totals

CFS	AF	KW
0.04	1.20	

8. Place of Use:

Water Use	Total Claimed Acreage
-----------	-----------------------

DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
58N	05W	25	NW	SW	BONNER		

9. **Basis:**

Basis
License

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