

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

Claim ID: 97-7849Date Received: 9-29-2021Receipt No: N037541Claim Fee: 25.00 By: IL

RECEIVED

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

SEP 29 2021

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Frederick ^{for} Bonnie Mason or John Mason, Life Estate EHP Phone (208) 428-9504
Mailing address 785 Snow Creek Road, Priest River, ID Zip 83856
Street or Box City State
Email address (optional) _____
2. Date of priority: (Only one per claim) November/01/1970 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water ☒ or Other () (a) unnamed
which is tributary to (b) _____
4. Location of point of diversion is: Township 57N, Range 05W, Section 18,
SW 1/4 of NW 1/4, or Govt. Lot 2 BM, County of Bonner;
Parcel no. RP 57N 05W 185402 A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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.
Well supplying home
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 01/01 to 12/31 amount .04 cfs (X) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed .04 cfs (X) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home

9. Location of place of use is: Township 57N, Range 05W, Section 18,
SW 1/4 of NW 1/4, Govt. Lot 2 BM, Parcel no. Same
If different than shown in Item 4
for (check one) ☒ Domestic ☐ Stock ☐ Domestic and Stock ☐

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes ☒ No ☐
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
2 homes use same well and/or pump from creek. or None ☐

13. Remarks (include an explanation of the priority date selected):
(2) Records indicate there was a house ~~and well~~ ^{pipe in creek} on this site on that date, so the water for domestic use must have come from a dug well or the creek.

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 _____

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) _____ Date: _____

_____ 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

Life Estate agent of Frederick E. & Bonnie L. Mason
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 Bonnie L. Mason Date Sept 27, 2021

Printed Name of Authorized Agent Bonnie L. Mason

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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) Frederick and/or Bonnie Mason Claim ID _____

Claimants in Life Estate

John Frederick Mason

1929 N. Lincoln St.

Post Falls, ID 83854

Phone - 208-967-5099 or 208-446-9610

Joseph Edwin Mason

1215 N. Stine Rd.

Charlotte, MI 48813

Phone #'s 616-319-1629 or 269-339-0698

Katrina Webster

9 Hudson Street

Fort Edward, NY 12828

Phone #'s 518-747-2603 or 518-538-3793

Life Estate of Frederick and Bonnie Mason

785 Snow Creek Road

Priest River, ID 83856

Phone #'s 208-428-9504 or

208-261-1151

Claimant Frederick and/or Bonnie Mason Claim ID _____