

JOSEPH FULTON  
565 BEAR RD  
PRIEST RIVER ID 83856-8873

Form No. 42-1409-2 (Internet 06/21)

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: 97-7873

Date Received: 10-4-2021

Receipt No: N037589

Claim Fee: 25.00 By: JK

RECEIVED

OCT 04 2021

IDWR / NORTH

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

Please type or print clearly

1. Name of claimant(s) JOSEPH J FULTON / M.M.L.L.C. Phone ( 208 ) 448-4455  
Mailing address 565 BEAR ROAD, PRIEST RIVER, ID. Zip 83856-8873  
Street or Box City State  
Email address (optional) \_\_\_\_\_

2. Date of priority: (Only one per claim) 1.1.2005 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other ( ) (a) WELL / DOMESTIC USE  
which is tributary to (b) \_\_\_\_\_  
(IDAHO DEPT. OF WATER RESOURCES  
TAG # D0028389)

4. Location of point of diversion is: Township 57N. Range 5WEST Section 23

S. WEST 1/4 of N. EAST 1/4, or Govt. Lot \_\_\_\_\_ BM, County of BONNER

Parcel no. RP006100000190A / MH006100000190A

Additional points of diversion, if any: NONE

If available, GPS coordinates: N/A

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.

ONE DOMESTIC WELL / 210' FEET DEEP  
(50' OF CONNECTING PIPE TO HOME ONLY)

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For DOMESTIC purposes from JAN 1 to DEC 31 amount 3.05 cfs (X) or AFY ( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total quantity claimed 3.05 cfs (X) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

(NONE STOCKWATER) (DOMESTIC 1 ONE HOME)

9. Location of place of use is: Township 57N, Range R5W, Section 23  
SWEST 1/4 of NEAST 1/4, Govt. Lot        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 NONE

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.  
\_\_\_\_\_ or None ☒

13. Remarks (include an explanation of the priority date selected):  
DATE WELL PERMIT WAS ISSUED (APPROX 2005)  
APPROX 5 YEARS AFTER PURCHASE OF PROPERTY

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 00028389  
I.D.W.R.

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) N/A 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

OWNER/MEMBER of MIST MOUNTAIN LLC  
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 J. J. Fulton Date 9-11-2021

Printed Name of Authorized Agent JOSEPH J. FULTON

16. Notice of Appearance:

Notice is hereby given that I, (please print) N/A, 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) \_\_\_\_\_ Claim ID \_\_\_\_\_