

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: 47-2003-97-7857Date Received: 9-29-2021Receipt No: N037541Claim Fee: 58.97 By: DL

RECEIVED

SEP 29 2021

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) Frederick and Bonnie or John Mason, Life Estates Etc Phone (208) 428-9504
Mailing address 785 Snow Creek Road Priest River ID Zip 83856
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 11/09/1910 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other ☒ (a) unnamed stream
which is tributary to (b) Tunnel Creek
- a. Location of point of diversion is: Township 57N, Range 05W, Section 18,
SW 1/4 of NW 1/4, Govt. Lot 2, BM, County of Bonner
Parcel no. RP 57N 05W 185402A
Additional points of diversion, if any: SW NW 2
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 _____
- 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.
2 Pumps in creek smaller used frequently,
larger pump for supplement located about 70'
apart.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Irrigation purposes from 4/1 to 10/31 amount .184 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .184 (cfs) and/or (b) _____ (acre-feet)

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

9. Description of place of use:

- 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.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
57N	05W	18							7				1						8

Parcel no(s). _____ Total number of acres irrigated 8

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 your 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):
See water right license 97-2003

Name of claimant(s) Frederick E. and/or Bonnie Mason 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 97-2003

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 and Bonnie Mason's Life Estate
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 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) Frederick E. and 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

Name of claimants Frederick and/or Bonnie Mason Claim ID _____