

**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: 97-8010
Date Received: 10/28/2021
Receipt No: N037746
Claim Fee: 2500
Received By: Ja

**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**

1. Name of Claimant(s)

DAVID L KLUTTZ & BONNIE G KLUTTZ REVOCABLE TRUST
C/O DAVID & BONNIE KLUTTZ
78 E RIVER SPUR
PRIEST RIVER ID 83856

Phone: (208) 597-6601

2. Date of Priority: 6/5/2006

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	04W	14	SW SW		BONNER	

5. Description of diverting works:

Well, pump and pipeline to home and lawn irrigation.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S. (or)	A.F.A
DOMESTIC	01/01	12/31	0.03	

0.07 cfs

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or A.F.A.

0.07 cfs

8. Non-irrigation uses:

DK
10/28/2021

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	04W	14	SW		SW		
58N	04W	23	NW		NW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

None

12. Remarks:

Priority Date Explanation:
When home was built.

13. Basis of Claim: Beneficial Use

14. 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 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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

TRUSTEE of DAVID L KLUTTZ +
Title Organization

that I have signed the foregoing document in the space below as

BONNIE B KLUTTZ
REVOLABLE TRUST

TRUSTEE Title of DAVID L KLUTTZ +
Organization BONNIE G KLUTTZ

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

Signature of Authorized Agent

Date

10/28/21

Title and Organization

DAVID L KLUTTZ +

BONNIE G KLUTTZ

REVOLVABLE TRUST

9:43



ON  HUNT



200 ft
2326 ft elevation



Striver Spr

WELL

POND

KLUTTZ
TRUST
KLUTTZ
DAVID L
TRUSTEE

Hyb
2D



Map Layers



Offline Maps



My Content



Tools



Tracker

(Sign once if Firm Official & Operator)