

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 97-7934

Date Received: 10/17/2021

Receipt No: T111148

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SCOTT ENGLE	PO BOX 225	COOLIN	ID	USA	83821

2. Date of Priority:

Date	Explanation
7/1/1965	This is the approximate date the well was installed.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
59N	04W	10	3	NW	SW	BONNER	

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		Domestic household and landscape irrigation.

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.03		

Totals

CFS	AF	KW
0.03		

8. Place of Use:

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

DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
59N	04W	10	NW	SW	BONNER	3	



9. **Basis:**

Basis
Beneficial Use

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