

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 97-7983
Date Received: 10/22/2021
Receipt No: T111195

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAVE LATOURETTE	310 BUSHWOOD DR.	PRIEST RIVER	ID	USA	83856

2. Date of Priority:

Date	Explanation
1/1/2006	Well drilled. Spring-fed beaver ponds preexisting and natural.

3. Source:

Source	Tributary
GROUND WATER SPRINGS	Sinks

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
59N	04W	23		SW	NE	BONNER	
59N	04W	23		SW	NE	BONNER	

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		General household use. Washing, drinking, bathing, etc.
IRRIGATION			Watering grass, fruit trees, etc.
STOCKWATER		Mixed Stock	Water for cattle, horses, goats

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31
IRRIGATION	4/1	10/31
STOCKWATER	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.03		
IRRIGATION	0.12		
STOCKWATER	0.06		

Totals

CFS	AF	KW
0.12		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	10.00

DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
59N	04W	23	SW	NE	BONNER		
IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
59N	04W	23	SW	NE	BONNER		10.00
59N	04W	23	SE	NW	BONNER	3	
STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
59N	04W	23	SW	NE	BONNER		
59N	04W	23	SE	NW	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