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IDWR / ~~NOTICE~~ 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: 96-4013A
Date Received:
Receipt No: X 999999
Claim Fee:
Received By: J.W.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

~~WILLIAM D ELLERMEIER~~ JM John H. Mueller
1520 ~~1476~~ WRENCO LP
SANDPOINT ID 83864-6372

Phone: (208) 263-0990
208 597 6040

~~JACQUELINE ELLERMEIER~~ JM
1476 WRENCO LP
~~SANDPOINT ID 83864-6372~~

AND JM

Phone: (208) 263-0990 JM

2. Date of Priority: 1/1/1960

3. Source:
SPRING

Trib. to:
SMITH CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	03W	28	NE NE NW		BONNER	

5. Description of diverting works:

500 GPH PUMP, 2,000 GALLON RESERVOIR

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.04		1.2
STOCKWATER	1/01	12/31	0.02		0.7

7. Total Quantity Appropriated is:

0.06 C.F.S. and/or 1.9 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	03W	28	NE		NW		

B J M 11/4/21

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	03W	28	NE		NW		

B J M 11/4/21

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:

12. Remarks:

Priority Date Explanation:

USE OF THIS RIGHT WITH RIGHT NO. 96-04013B IS LIMITED TO TOTAL COMBINED DIVERSION RATE OF 0.08 CFS.

13. Basis of Claim: Decreed

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

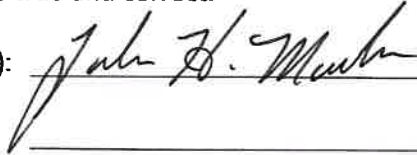
Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For 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: 11/3/21

Date: _____

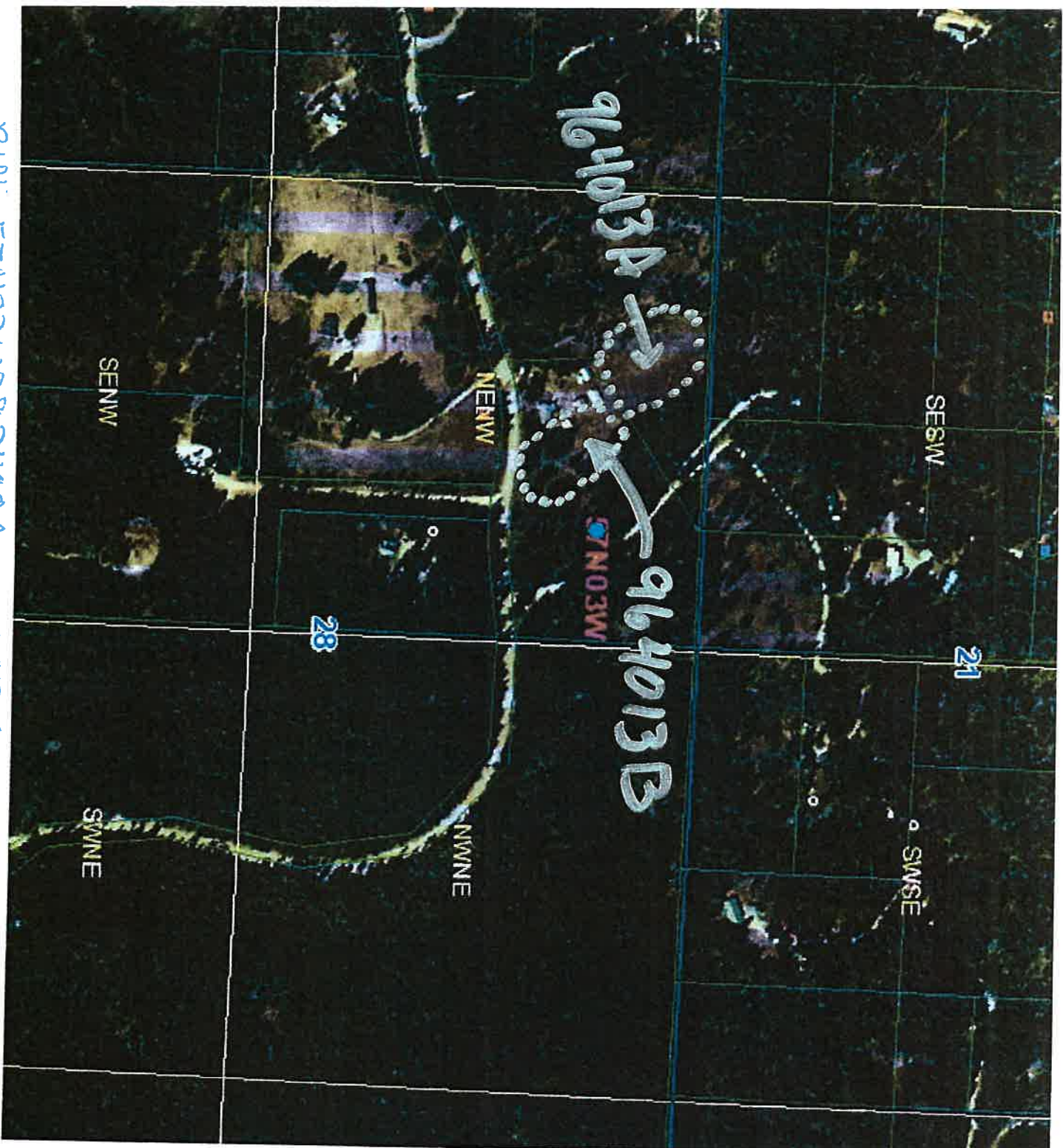
15. Notice of appearance:

Notice is hereby given that I,  ROGER M HANLON will be acting as attorney at law of 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: LAW OFFICE OF ROGER M HANLON
PO BOX 1061
SANDPOINT ID 83864



N →

96-4013B

PIN: 57N03W282400A & 2552A