

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: 97-8078
Date Received: 11-10-21
Receipt No: N037815
Claim Fee: 25.00 By: NS

RECEIVED

NOV 10 2021

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

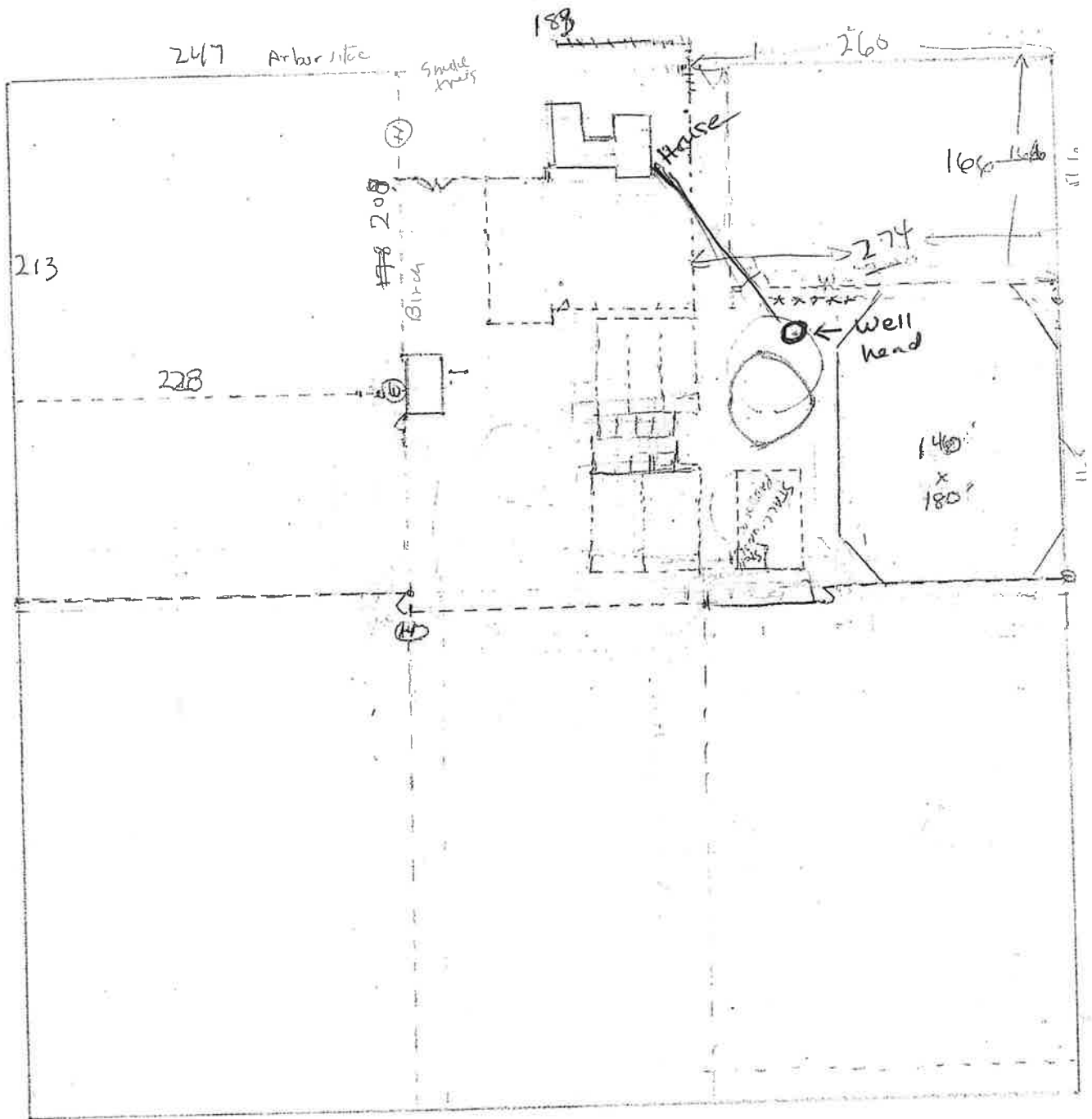
IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Patricia A Hampton Phone (208) 290-8850
Mailing address 815 Bodie Canyon Road Priest River Idaho Zip 83856
Street or Box City State
Email address (optional) jaliisah@hotmail.com
2. Date of priority: (Only one per claim) June 30, 1970 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (☒ or Other () (a) _____
which is tributary to (b) _____
4. Location of point of diversion is: Township 56N, Range 05W, Section 23,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP56N05W230900A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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.
Well with pipeline to home
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (☒ or AFY ()
For <u>domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.04</u>			
For <u>livestock</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.02</u>			
7. Total quantity claimed 0.04 cfs (☒ or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic use for one home up to 25 head mixed stock

Name of claimant(s) _____ Claim ID _____



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M. J. J.

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