

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

RECEIVED

NOV 15 2021

CIVIL CASE NUMBER: 69576

Claim ID: 97-8031

Date Received: 10-29-2021

Receipt No: N037756

Claim Fee: 25.00 By: PA

IDWR / NORTH
AMENDED

RECEIVED

OCT 18 2021

IDWR / NORTH

Please type or print clearly

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

RECEIVED

OCT 29 2021

IDWR / NORTH

- Name of claimant(s) JONES TRUST Phone (303) 451-8283
Mailing address 9005 W 5th Ave, Lakewood, CO Zip 80226
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 12/31/1960 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 58N, Range 05W, Section 12,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP 58N05W123601 A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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
Well approximately 50 yards south of building
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For _____ Domestic _____ purposes from 1/1 to 12/31 amount 0.04cfs cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic use for one home

Name of claimant(s) _____ Claim ID _____