

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

RECEIVED

NOV 09 2021

IDWR / NORTH

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Ident. Number: 97-7124
Date Received: 11-9-2021
Receipt No: N037377
Claim Fee: \$ 54.00
Received By: J.W.

1. Name of Claimant(s)

JAMES LEA
1610 PACKSADDLE DR
COEUR D ALENE ID 83814

Phone:

AND/OR

KALISPELL BAY CABIN LLC
C/O JANIS & RANDALL HOUGHTON
2576 E LILLY DR
COEUR D ALENE ID 83814

Phone: (208) 660-4205

2. Date of Priority: 10/3/1978

3. Source:
SPRING

Trib. to:
PRIEST LAKE

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	05W	12	NE SW	4	BONNER	

5. Description of diverting works:

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		1.8
IRRIGATION	05/15	09/15	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 1.8 A.F.A.

8. Non-irrigation uses:

DOMESTIC - 2 HOMES

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	05W	12	NE		SW	4	

IRRIGATION same as DOMESTIC

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:

Domestic use is for 2 homes.

13. Basis of Claim: License

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: 11/9/2021

JAMES LINA

Date: _____

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

member

Title

of

Kalispell Bay Cabin, LLC

Organization

that I have signed the foregoing document in the space below as

member

Title

of

Kalispell Bay Cabin, LLC

Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent



Date 11/9/2021

Title and Organization

member Kalispell Bay Cabin, LLC