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Form IDWR 1409-2 (Internet 06/21)

IDWR / NORTH 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: 97-8101

Date Received: 11-19-2021

Receipt No: N037861

Claim Fee: \$2500 By: JW

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

Please type or print clearly

- Name of claimant(s) TROTTER TRUST Phone (208) 437-2965
Mailing address PO BOX 667 PRIEST RIVER ID Zip 83856
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 12/31/1965 (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 56N, Range 05W, Section 29,
NW 1/4 of NE 1/4, or Govt. Lot 6 BM, County of BONNER;
Parcel no. RP56N05W291100A
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 LOCATED SOUTH OF HOME AND GARDEN, PIPED TO HOME
- 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 0.04 cfs (✓) or AFY ()
Month/Day Month/Day
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 1 HOME

9. Location of place of use is: Township 56N, Range 05W, Section 29,
NW 1/4 of NE 1/4, Govt. Lot 6 BM, Parcel no. SAME

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** () If different than shown in Item 4

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? BONNER

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

~~APPROXIMATE DATE HOME COMPLETED AND WATER PUT TO BENEFICIAL USE, YEAR BUILT PER~~
~~BONNER COUNTY RECORDS.~~

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

- (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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: 1

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) Donald B. Trotter Date: 11-17-21

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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 _____

Name of claimant(s) _____ Claim ID _____

Identify

Identify from:

Tax Parcels

Tax Parcels

TROTTER TRUST TROTTER, IONA TRUSTEE

Location:

2,278,086.696 1,890,766.427 Meters

Field	Value
ID	13585796
UPDATED	6/8/2021
PIN	RP56N05W291100A
OWNER	TROTTER TRUST TROTTER, IONA TRUSTEE
ADDRESS1	PO BOX 667
ADDRESS2	
CITY	PRIEST RIVER
STATE	ID
ZIPCODE	83856
P_ADDRESS	2630 HIGHWAY 2
P_ZIPCODE	83822
SUB_NAME	
LEGAL1	29-56N-5W E 125FT OF TAX 16 LESS N 170.5FT
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	2
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	1965

Identified 1 feature