

NOV 12 2021

DEPARTMENT OF
WATER RESOURCES

Form No. 42-1409-2 (Internet 06/21)

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

CIVIL CASE NUMBER: 69576

Claim ID: 97-8113Date Received: 11/12/21Receipt No: C411292Claim Fee: \$2500 By: M

NOV 23 2021

IDWR/NORTH

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

1. Name of claimant(s) JACQUELINE M. WELLS Phone (208) 290-1596Mailing address 260 CORK RD PRIEST RIVER ID 83856
Street or Box City State Zip

Email address (optional) _____

2. Date of priority: (Only one per claim) 7/1/1934 (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 04W, Section 33,NE 1/4 of NW 1/4, or Govt. Lot _____ BM, County of BONNERParcel no. RP56N04W333101AAdditional points of diversion, if any: ADDITIONAL WELL IN SAME QQ

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.

2 WELLS WITH PIPELINE TO HOME AND BARNS

6. 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
Month/Day Month/Day cfs (✓) or AFY ()For STOCKWATER purposes from 1/1 to 12/31 amount 0.027. 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 1 HOME, STOCKWATER USE FOR UP 35 HEAD MIXED STOCK

9. Location of place of use is: Township 56N, Range 04W, Section 33,
NE 1/4 of NW 1/4, Govt. Lot BM, Parcel no. SAME

for (check one) Domestic () Stock () Domestic and Stock (✓)

Additional places of use, if any ALSO USED IN NWNW

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 WELL COMPLETED AND WATER PUT TO BENEFICIAL USE, HOME FIRST SERVED BY HAND-DUG WELL AND SPRING BEFORE REPLACEMENT WELLS WERE DRILLED~~

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: 2

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) Jacqueline M. Wells Date: 11/8/2021
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
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Identify

Identify from:

Tax Parcels

[-] Tax Parcels

WELLS, JAQUELINE MARGRET

Location:

2,288,495.382 1,888,708.468 Meters

Field	Value
ID	13602613
UPDATED	6/8/2021
PIN	RP56N04W333101A
OWNER	WELLS, JAQUELINE MARGRET
ADDRESS1	260 CORK RD
ADDRESS2	
CITY	PRIEST RIVER
STATE	ID
ZIPCODE	83856
P_ADDRESS	260 CORK RD
P_ZIPCODE	83856
SUB_NAME	
LEGAL1	33-56N-4W TAX 8
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	25
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	1934

Identified 1 feature

PARCEL LOCATION FOR CFPRBA CLAIM

2019 AERIAL PHOTO

