

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

DEC 03 2021

CIVIL CASE NUMBER: 69576

Claim ID: 97-7539

Date Received: 12-3-21

Receipt No: N037934

Claim Fee: 250 By: JA

RECEIVED

NOV 15 2021

IDWR / NORTH
NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR / NORTH
Please type or print clearly

1. Name of claimant(s) Garry & Bonnie Mohr Phone (626) 357-0355
Mailing address 163 El Nido Ave Monrovia, CA Zip 91016
Street or Box City State
Email address (optional) harpson1@gmail.com
2. Date of priority: (Only one per claim) 8/15/2016 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Priest Lake
which is tributary to (b) Priest River
4. a. Location of point of diversion is: Township 61N, Range 04W, Section 28,
NE 1/4 of NW 1/4, Govt. Lot 3, BM, County of Bonner
Parcel no. RP059650020040A
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)
For household use purposes from 1/1 to 12/31 amount 0.04 or
For purposes from to amount or
For purposes from to amount or
For purposes from to amount or

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 1 household

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
61N	04W	28						D											

Parcel no(s) RP059650020040A Total number of acres irrigated 0

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

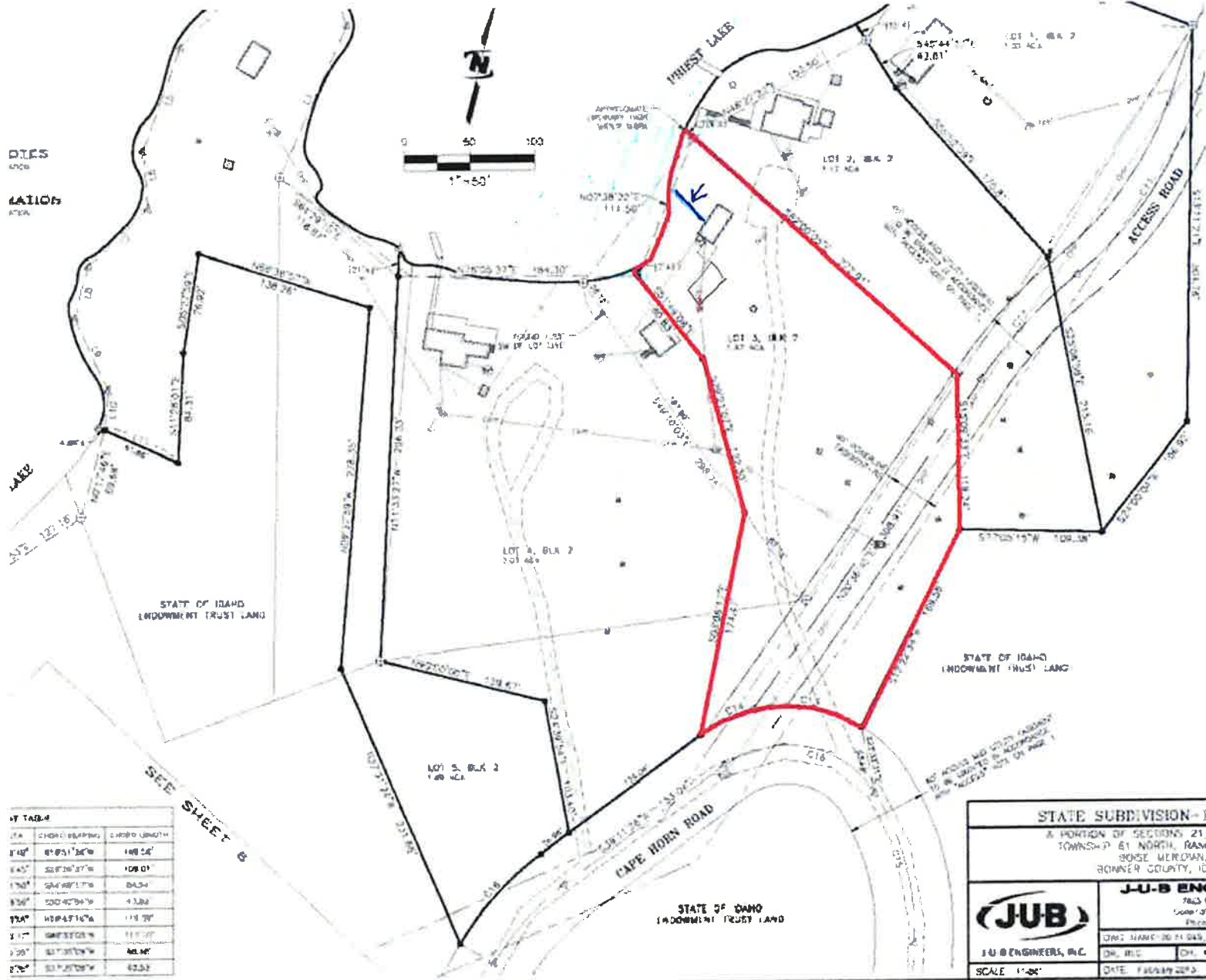
12. Describe any other water rights used at the same place and for the same purposes as described above.
or None (✓)

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

Date of Priority selected August 15, 2016 is the date we received our State of Idaho Department of Water

Resources Permit to Appropriate Water. IDWR Water Right # 97-07539

Name of claimant(s) Garry and Bonnie Mohr Claim ID



— our waterline to Priest Lake

Bonnie & Garry Moke

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 97-07539

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: _____

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) *Garry & Bonnie Mohr* Date: 10-1-21
Bonnie Mohr Date: 10-1-21

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 on behalf of 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) Garry & Bonnie Mohr Claim ID _____