

**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

Ident. Number: 97-8167
Date Received: 12/21/2021
Receipt No: N038060
Claim Fee: \$2500
Received By: JQ

RECEIVED

DEC 21 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**

1. Name of Claimant(s)

DAVID M PARISE
PO BOX 1433
HAYDEN ID 83835-1433

Phone: (208) 960-4528

AND/OR

RINA J MISSIRIAN
PO BOX 1433
HAYDEN ID 83835

Phone: (208) 960-2995

2. Date of Priority: 6/23/2021

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	04W	18	SW NE		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	01/01	12/31	0.04		
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.06 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR 1 HOME
UP TO 5 HEAD OF MIXED STOCK

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	$\frac{1}{4}$	of	$\frac{1}{4}$	Lot	Acres
56N	04W	18	SW		NE		

STOCKWATER within BONNER County

Township	Range	Section	$\frac{1}{4}$	of	$\frac{1}{4}$	Lot	Acres
56N	04W	18	SW		NE		

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:

DATE WELL PUMP INSTALLED IN WELL AND WATER FIRST PUT TO BENEFICIAL USE

13. Basis of Claim: Beneficial Use

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 X 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): Daniel M. Parize Date: 12/21/21

Date: _____

