

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: 96-8608
Date Received: 1/26/2022
Receipt No: NO 38225
Claim Fee: \$56.00
Received By: Ja

RECEIVED

JAN 26 2022

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

PWR / NORTH

1. Name of Claimant(s)

LOVENBURY REVOCABLE TRUST
815 JANISH DR
SANDPOINT ID 83864-6202

Phone: (208) 255-9242

2. Date of Priority: 7/12/1990

3. Source:

PACK RIVER

Trib. to:

LAKE PEND OREILLE

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	02W	34	NE SE		BOUNDARY	

5. Description of diverting works:

PUMP IN RIVER, POINT OF DIVERSION SHARED WITH WATER RIGHT 96-9627

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	3/15	11/15	0.12		18

7. Total Quantity Appropriated is:

0.12 C.F.S. and/or 18 A.F.A.

8. Non-irrigation uses:

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9. Place of use:

IRRIGATION within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	02W	34	NE		SE		4
60N	02W	34	NW		SE		2

Total Acres = 6

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:

This right when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the lands above.

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 Organizations:

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

SCOTT M. LOVENBURY TTE of LOVENBURY REVOCABLE TRUST
Agents 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 [Signature] Date 1/26/2022
Printed Name of Authorized Agent SCOTT M. LOVENBURY