

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

Claim ID: 97-8277
Date Received: 1-24-2022
Receipt No: N038217
Claim Fee: 25.00 By: JB

RECEIVED

JAN 24 2022

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) Brian A Lamanna & Arletta M Hogan Phone (208) 304-5098
Mailing address PO Box 1466, Priest River, ID Zip 83856
Street or Box City State
Email address (optional) arlettahogan@yahoo.com
2. Date of priority: (Only one per claim) 1930 (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 57N, Range 04W, Section 19,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of BONNER;
Parcel no. RP57N04W191950A
Additional points of diversion, if any: _____
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.
Well supplying home. Original hand dug well replaced in 2019.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed .04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic feeding 1930 home

If different than shown in Item 4

Name of claimant(s) _____ Claim ID _____