

From: [Saxton, Craig](#)
To: ["thomasfarms8138@gmail.com"](mailto:thomasfarms8138@gmail.com)
Subject: Notice of Claim 96-7392
Date: Monday, February 07, 2022 8:46:00 AM
Attachments: [License 96-7392.pdf](#)
[96-07392 AMENDED NoticeOfClaim.docx](#)
[96-7392 Online Notice of Claim.pdf](#)

Dear Mr. Thomas,

The Idaho Department of Water Resources (IDWR) recently received adjudication claim 96-7392 filed through IDWR's online claim filing application (attached). Initial review of your claim indicates that adjudication claim 96-7392 is based on license 96-7392 issued in October of 1982 (attached). However, the elements of your claim don't necessarily reflect the elements of the license. In particular, the overall **diversion rate and volume are claimed for less than what is authorized by the 1982 license**. There are also discrepancies in the irrigated acres claimed vs. what was licensed.

I wasn't sure if the difference in how the claim was filed was intentional or not. Just to be safe, I thought I would send you a copy of the original license, and an amended claim where I have updated the elements of the claim to match what is on the original license. I have highlighted the changes I made on the attached amended claim.

YOU ARE NOT REQUIRED TO AMEND YOUR CLAIM. If you are happy with how claim 96-7392 is filed, then no action needs to be taken on your part.

However, if it was your intent to claim the elements of the original license, you can sign the amended claim and return it to me either by e-mail or by sending it to:

IDWR
ATTN: CRAIG SAXTON
PO BOX 83720
BOISE ID 83720-0098

I just wanted to give you the option to, at a minimum, claim the full licensed diversion rate of 0.06 cfs and diversion volume of 4.2 acre-feet per year.

Please let me know if you have any questions.

Respectfully,

Craig L. Saxton
Adjudication Section Manager
322 E Front St
Boise ID 83720-0098
Craig.saxton@idwr.idaho.gov
208.287.4916



**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: 96-7392
Date Received: 2/2/2022
Receipt No: T111846
Claim Fee:
Received By: _____

**AMENDED NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

TARIN THOMAS
163 CROSS MOUNTAIN RD
SANDPOINT ID 83864

Phone: (360) 485-7056

2. Date of Priority: 8/1/1975

3. Source:

WOOD CREEK

Trib. to:

FLUME CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	02E	18	NW NW	1	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	1 /1	12/31	0.04		1.2
IRRIGATION	3 /15	11/15	~~0.04~~ 0.02		3

7. Total Quantity Appropriated is:

~~0.04~~ 0.06 C.F.S. and/or ~~3~~ 4.2 A.F.A.

8. Non-irrigation uses:

Garden, Livestock, Orchard, Crops
Toilets, Showers, Washer/Dryer, Drinking, Dishwasher

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
~~58N~~	~~02E~~	~~18~~	~~NE~~	~~of~~	~~NW~~		
58N	02E	18	NW		NW	1	
~~58N~~	~~02E~~	~~18~~	~~SW~~	~~of~~	~~NW~~	2	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
~~58N~~	~~02E~~	~~18~~	~~NE~~	~~of~~	~~NW~~		~~0.1~~
58N	02E	18	NW		NW	1	19
58N	02E	18	SW		NW	2	0.7
<u>58N</u>	<u>02E</u>	<u>18</u>	<u>NW</u>		<u>NW</u>	<u>1</u>	<u>1</u>

Total Acres = 19.8

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:

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 __X__ 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): _____ Date: _____

_____ Date: _____