

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: 97-4035
Date Received: 2-9-2022
Receipt No: N 38344-165-
Claim Fee: 55.00
Received By: LW

RECEIVED
FEB 09 2022
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DOUG PETERSON
6154 EASTRIVER RD
PRIEST RIVER ID 83856-9553

Phone: (509) 701-0485

AND/OR

ZENNA PETERSON
6154 EASTRIVER RD
PRIEST RIVER ID 83856-9553

Phone: (509) 701-0485

2. Date of Priority: 6/1/1936

3. Source:
MILL CREEK

Trib. to:
PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	04W	22	NW SW		BONNER	

5. Description of diverting works:

small dam in creek. Domestic water diverted
by pipe. Irr. by ditches for flooded land

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.04		
IRRIGATION	6/01	9/30	0.1		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

1 home w/Lawn

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	04W	22	NW		SW		5

Total Acres = 5

DOMESTIC same as IRRIGATION

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: Statutory Claim

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): Lenny Petase Date: 2-9-21

Date: _____

SENE

SENNW

SENNW

SENNW

NESE 5

NMSW

NESE

NWSE

SESE 10

SMSW

SESW

SWSE

SESE

8

SENNW

POD
6Ae
(5)

22

SENNW

NMSW

SENNW

27

97.4035

SENNW