

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: 97-8336
Date Received: 2/10/2022
Receipt No: N038365
Claim Fee: \$2500
Received By: JK

RECEIVED

FEB 10 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

1. Name of Claimant(s)

WARD TRUST
C/O BOBBIE J WARD
PO BOX 32500
OLD TOWN ID 83822

Phone: (509) 671-1000

2. Date of Priority: 3/24/1981

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	06W	24	SE NE		BONNER	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.03		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR 1 HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	06W	24	NE		NE		
56N	06W	24	SE		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:

APPROXIMATE DATE WELL COMPLETED AND CONNECTED TO HOME

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 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

~~Bob~~ ^{BW} trustee of Ward 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 Bobbie J Ward Date 2/10/2022

Printed Name of Authorized Agent Bobbie J. Ward

Identify

Identify from:

Tax Parcels

Tax Parcels

WARD TRUST WARD, JAMES L & BOBBIE J

Location:

2,275,181.200 1,892,265.398 Meters

Field	Value
ID	13594885
UPDATED	6/8/2021
PIN	RPN00000241200A
OWNER	WARD TRUST WARD, JAMES L & BOBBIE J
ADDRESS1	C/O EQUILUS CAPITAL PARTNER
ADDRESS2	636 VALLEY MALL PKWY STE 200
CITY	E WENATCHEE
STATE	WA
ZIPCODE	98802
P_ADDRESS	627 SELKIRK WAY
P_ZIPCODE	83822
SUB_NAME	
LEGAL1	24-56N-6W TAX 32
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	6
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	1979

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Identified 1 feature