

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: 96-8353

Date Received: 2-11-22
Receipt No: N038376
Claim Fee: \$58.00
Received By: Ja

RECEIVED
FEB 11 2022
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CONDO DEL SOL HOMEOWNERS ASSN INC Phone: 208-263-7595
301 Iberian Way
SANDPOINT ID 83864 Email: condodelsol@gmail.com

2. Date of Priority: 7/11/1983

3. Source: LAKE PEND OREILLE Trib. to: PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼	of	¼	of	¼	Lot	County	Type
57N	02W	23		SW	SW			BONNER		

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION		4/01	10/15	0.16	24

7. Total Quantity Appropriated is:

0.16 C.F.S. and/or 24 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	02W	23	NW		SW		4
57N	02W	23	SW		SW		4

Total Acres = 8

10. Do you own the property listed above as place of use? Yes

The grounds are owned as undivided common area by all the owners of units in the complex and run by the Homeowner's association board of directors.

11. Other Water Rights Used:

12. Remarks:

This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre 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

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

Date 2-2-22

Printed Name of Authorized Agent

Jennifer Johnson