

**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**

RECEIVED

FEB 18 2022

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

IDWR / NORTH

Please type or print clearly

CIVIL CASE NUMBER: 69576

Claim ID: 97-8389

Date Received: 2-18-22

Receipt No: 0038443

Claim Fee: 25.00 By: JA

1. Name of claimant(s) MARK-michelle Young Phone (541) 410-2104
 Mailing address P.O. Box 216 Coolin ID Zip 83821
Street or Box City State
 Email address (optional) michelle.young1987@yahoo.com
2. Date of priority: (Only one per claim) July 14 2020 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) well Ground Water (x) or Other () (a) _____
 which is tributary to (b) _____
4. a. Location of point of diversion is: Township 59N, Range 4W, Section 15,
 _____ 1/4 of _____ 1/4, Govt. Lot _____, BM, County of Bonner
 Parcel no. RP 052140000110A
 Additional points of diversion, if any: _____
 If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
 Township _____, Range _____, Section _____, NW 1/4 of _____ 1/4,
 Govt. Lot _____, BM, County of _____
 Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
 Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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 - De

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)
For Domestic purposes from 11 to 12-31 amount 1.04 or CFS
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 1.04 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) one Home

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
59N	4W	15																	

Parcel no(s). _____ Total number of acres irrigated _____

10. In which county(ies) are lands listed above as place of use located? BONNER

11. Do you own the property listed above as place of use? Yes (x) No ()
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (x)

13. Remarks (Include an explanation of the priority date selected):

Name of claimant(s) MARK YOUNG Claim ID _____

14. Basis of claim (Check one) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

- (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Clark Fork-Pend Oreille River Basin Water System 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) X Mich Glen Young Date: Feb 1-22
Michelle R. Young Date: Feb-1-22

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____
Agent's 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 _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

IDWR Home

Production Rate 20.00

Casing Diameter 6

Static Water Level 50.00

Casing Depth

Total Depth 274

Construction Date July 14, 2020

Basin Number

County Name BONNER

Township 59N

Range 04W

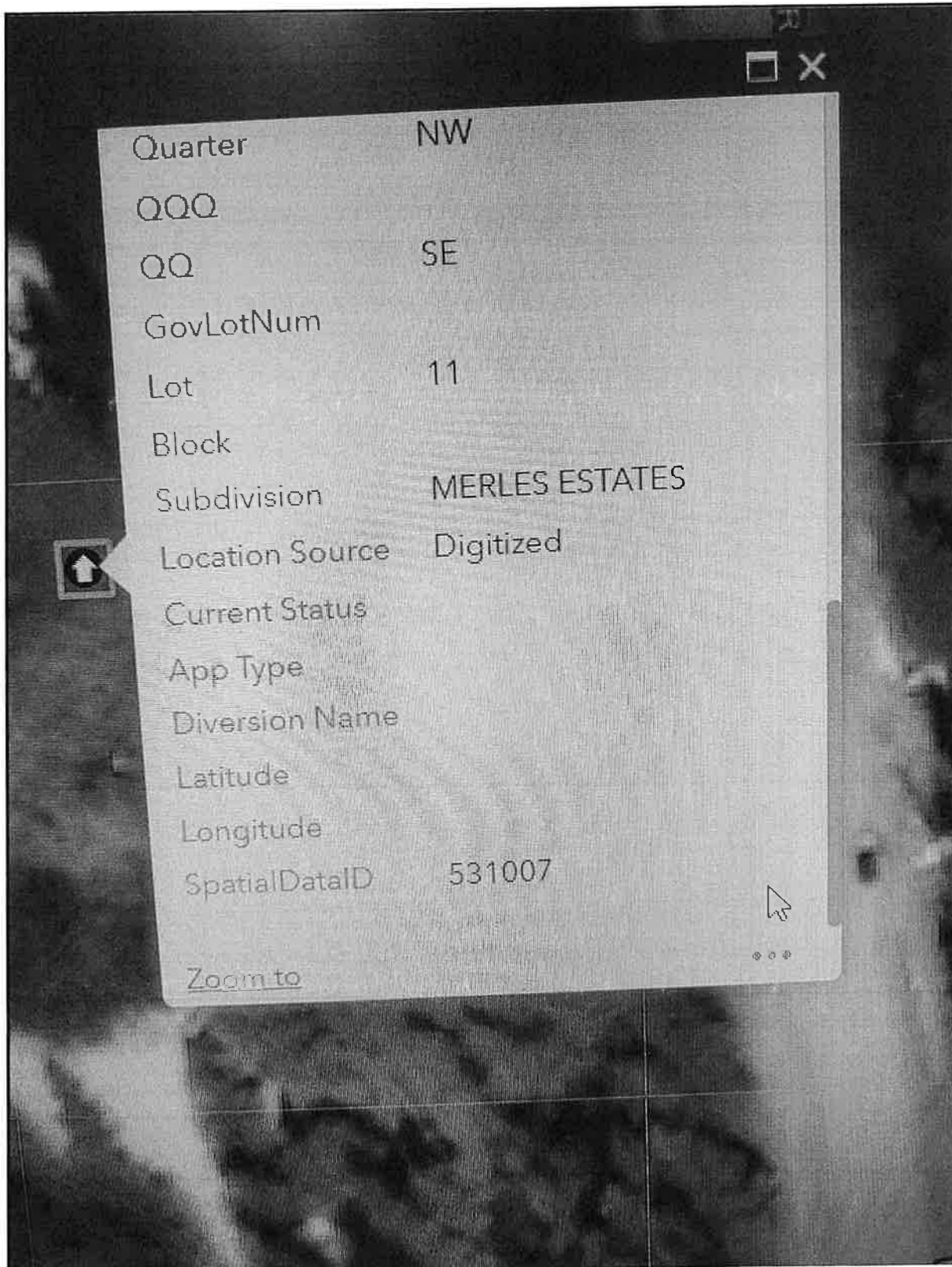
Section 15

Quarter NW

QQQ

QQ SE

Zoom to



Well Docs

More info

Well ID	459428
Metal Tag #	D0084625
Permit ID	894678
Owner	MARK YOUNG
Well Address	UP EASTRIVER RD
Well Use	Domestic-Single Residence
Production Rate	20.00
Casing Diameter	6
Static Water Level	50.00
Casing Depth	
Total Depth	274
Construction Date	July 14, 2020
Basin Number	
<u>Zoom to</u>	