

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: 96-9013
Date Received: 3/1/2022
Receipt No: NO 38524
Claim Fee: \$ 52.00
Received By: JW.

RECEIVED
MAR 01 2022
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JACOB SONI
PO BOX 693
SANDPOINT ID 83864

Phone: (208) 597-1051

2. Date of Priority: 1/6/1999

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
59N	01W	19	SW SW	4	BONNER	

5. Description of diverting works:

well, pump and pipeline

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.02		1.8
IRRIGATION	04/01	10/31	0.02		4.5

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 6.3 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
59N	01W	19	SW		SW	4	
59N	01W	19	SE		SW		
59N	01W	30	SE		NW		

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
59N	01W	19	SW		SW	4	0.5
59N	01W	19	SE		SW		1

Total Acres = 1.5

10. Do you own the property listed above as place of use? No

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:

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.

Domestic use is for 3 homes and does not include lawn, garden, landscape, or other types of irrigation.

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: ONE

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): J. Rom Date: March 1st 2022

Date: _____

N

96-9013





↑
N

96-9013