



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

March 18, 2022

JONATHAN QUINN-HURST
PO BOX 1094
PRIEST RIVER ID 83856

RE: Clark Fork-Pend Oreille River Basin Adjudication (CFPRBA) claim 97-8371
Insufficient Filing Fees

Dear Claimant(s):

The CFPRBA claim referenced above was submitted online, but the Idaho Department of Water Resources (IDWR) has no record of the filing fee being paid. Because the filing fee was not paid for this claim, IDWR is required to reject the claim. Section 42-1414, Idaho Code, provides the department shall not accept a notice of claim unless the proper filing fee is submitted.

The calculate filing fee is **\$25.00**.

We will hold your claim until the filing fees are received. **If we do not receive the filing fees within 30 days, your claim will be rejected.**

When submitting payment, please make sure to reference your claim number(s) listed above. Checks can be made payable to IDWR. Payment or proof of payment can be mailed to the Coeur d'Alene office or the Boise office of IDWR:

IDWR
7600 N MINERAL DR. STE 100
COEUR D'ALENE ID, 83815-7763

OR

IDWR
ATTN: ADJUDICATION
PO BOX 83720
BOISE ID, 83720-0098

Please feel free to contact me if you have any questions.

Respectfully,

Craig L. Saxton
Adjudication Section Manager
Idaho Department of Water Resources
craig.saxton@idwr.idaho.gov
208.287.4916

Enclosure(s): Copy of Claim 97-8371

PS. Claim 97-8371, claims a volume of 0.3 acre-feet. Generally, unless you are claiming a storage use (like a pond), you would claim a diversion rate instead of a volume. A typical diversion rate for domestic use with lawn and garden irrigation would be 0.04 cubic feet per second (or 18 gallons per minute). I have taken the liberty of preparing and enclosing an amended claim where I have updated the quantity element to show 0.04 cfs. If you would like to amend your claim, please review the claim and make any changes you feel are appropriate. When satisfied, sign the claim and return it with the \$25 filing fee.

**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: 97-8371
Date Received: 3/16/2022
Receipt No: _____
Claim Fee: \$25.00
Received By: _____

**AMENDED 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)

JONATHAN QUINN-HURST
PO BOX 1094
PRIEST RIVER ID 83856

Phone: (208) 448-4663

2. Date of Priority: 12/10/2004

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	29			BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		~~0.3~~

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or ~~0.3~~ A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	32	NE		NW		
57N	04W	32	NW		NW		
57N	04W	32	SW		NW		
57N	04W	32	SE		NW		

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:
date property purchased

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: _____

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): _____ Date: _____

_____ Date: _____