



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

BRANDI KEY-CERNY
3326 W ROSAMOND AVE
SPOKANE WA 99224

RE: Clark Fork-Pend Oreille River Basin Adjudication (CFPRBA) claim 97-8410
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 97-8410

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 97-8410
Date Received: 3/6/2022
Receipt No:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
BRANDI KEY (CERNY)	3326 W. ROSAMOND AVE	SPOKANE	WA	USA	99224

2. Date of Priority:

Date	Explanation
1/1/1993	I acquired the property in 2013 with existing water rights. My Grandmother previously owned the property and she had the same well for at least a couple decades before I acquired the land. This is my best estimate.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
56N	05W	18	1	NW	NW	BONNER		Well

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		One main household with additional RV hook ups

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.02	1.00	

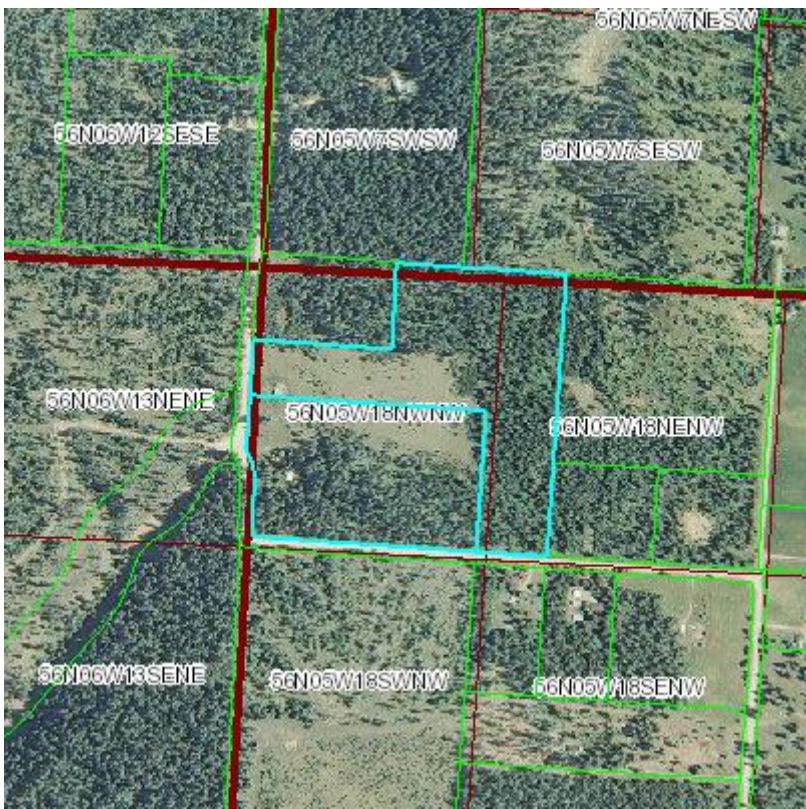
Totals

CFS	AF	KW
0.02	1.00	

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
56N	05W	18	NE	NW	BONNER		
56N	05W	7	SE	SW	BONNER		
56N	06W	13	NE	NE	BONNER		
56N	05W	7	SW	SW	BONNER	4	
56N	05W	18	NW	NW	BONNER	1	



9. **Remarks:**

10. **Other Water Rights:**

11. **Basis:**

Basis
Beneficial Use

12. **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 Water System 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 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: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name