

**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: 97-7351
Date Received: 3/17/2022
Receipt No: N838058
Claim Fee: \$25.00
Received By: NS

RECEIVED
MAR 17 2022
IDWR / NORTH

**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)

BRIAN L DOCKINS
PO BOX 1577
OLDTOWN ID 83822-1577

Phone: (208) 755-2058

AND/OR

CYNTHIA L DOCKINS
PO BOX 1577
OLDTOWN ID 83822-1577

Phone: (208) 691-2003

2. Date of Priority: 1/22/1993

3. Source:
UNNAMED STREAM

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	05W	17	NW SW	3	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	1/01	12/31	0.02		0.6

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 0.6 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	05W	17	NW		SW	3	

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:

PLACE OF USE AND POINT OF DIVERSION PREVIOUSLY INCORRECTLY MAPPED.
CORRECTED TO ACTUAL LEGAL DESCRIPTION ALTHOUGH NO PHYSICAL CHANGE HAS OCCURRED.

Domestic use is for lawn and/or garden irrigation of 1/2 acre or less.

13. Basis of Claim: License

14. Signature(s)

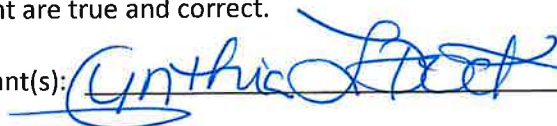
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

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:

3/17/22

Date: