

**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

RECEIVED

APR 04 2022

IDWR / NORTH

Ident. Number: 96-8527

Date Received: 4/4/2022

Receipt No: NO38785-25⁰⁰

Claim Fee: 825.00

Received By: LW

**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)

RENFROW FAMILY LLC
C/O ETHEL Z RENFROW
1501 LITTLE BEAR RIDGE RD
TROY ID 83871

Phone: (208) 835-6974

2. Date of Priority: 9/13/1988

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	01W	22	NE 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	0.04		1.2

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

TWO LIVING UNITS IN ONE DWELLING.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	22	NE		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:

NONE

12. Remarks:

Priority Date Explanation:

Domestic use is for 2 living units.

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 _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

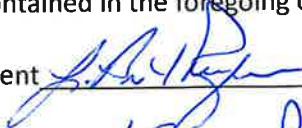
For Organizations:

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

MEMBER of RENFROW Family LLC
Agents 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

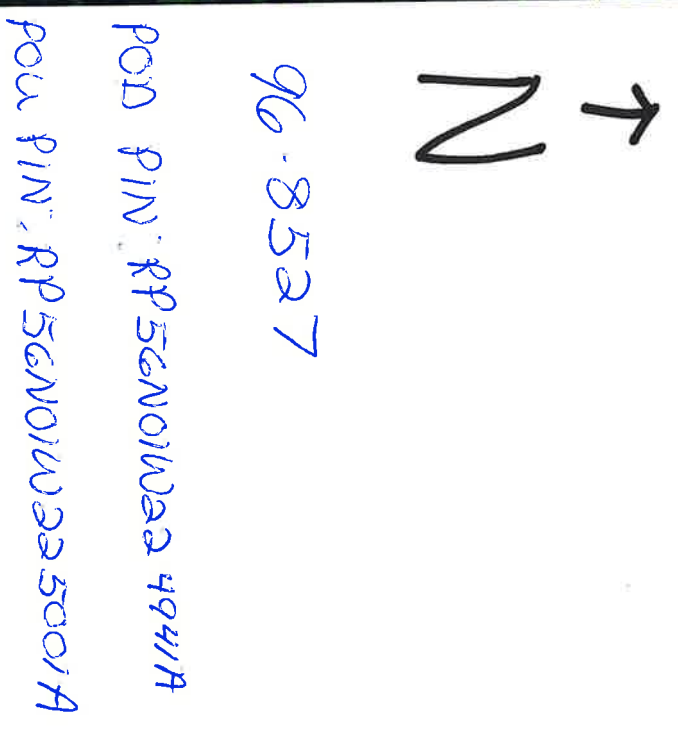


Date

4-4-2022

Printed Name of Authorized Agent

BRENT RENFROW FOR: RENFROW FAMILY LLC



96-8527

PCD PIN RF 56NOIWD2 4941A

POU PIN: RP56N01W0225001A