

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

Claim ID: 96-9579

Date Received: 4/01/2022

Receipt No: N038772

Claim Fee: \$55.00 By: JA

RECEIVED

APR 01 2022

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

DWR / NORTH

Please type or print clearly

1. Name of claimant(s) Arrowhead Ranch Water Association Inc Phone (206) 427-1698
 Mailing address PO Box 1276 Sandpoint ID 83864
Street or Box City State
 Email address (optional) fredvincent4@gmail.com
2. Date of priority: (Only one per claim) June 24, 2015 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
 which is tributary to (b) _____
4. a. Location of point of diversion is: Township 55N, Range 02W, Section 18,
NW 1/4 of NW 1/4, Govt. Lot 1, BM, County of Bonner
 Parcel no. RP006930000030A
 Additional points of diversion, if any: _____
 If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
 Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
 Govt. Lot _____, BM, County of _____
 Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
 Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),
 including the dates of any changes or enlargements in use, the dimensions of the diversion works as
 constructed and as enlarged and the depth of each well.
See license.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic purposes from 1/1 to 12/31 amount .05 or 10.8

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) .05 (cfs) and/or (b) 10.8 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 9 homes

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
55N	02W	18					D,L6	D,L1											

Parcel no(s). Total number of acres irrigated

10. In which county(ies) are lands listed above as place of use located? Bonner

11. Do you own the property listed above as place of use? Yes () No (✓)
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
or None ()

13. Remarks (Include an explanation of the priority date selected):

See license. The association supplies the water to the homeowners.

Name of claimant(s) Claim ID

Scale: 2 inches equals 1 mile

A 16x16 grid of squares. Each square contains a crosshair pattern formed by two dashed lines intersecting at the center. The grid is composed of 16 rows and 16 columns of these squares.

Name of claimant(s) _____ Claim ID _____

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License (☒) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 96-9579

15. **Signature(s)**

- (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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.

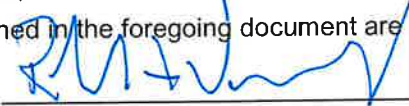
Signature of Claimant (s) _____ Date: _____

_____ Date: _____

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

President _____ of Arrowhead Ranch Water Association Inc _____
Agent's 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 4/01/2022

Printed Name of Authorized Agent Robert F. Vincent Jr.

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____