

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: 97-8562

Date Received: 4-7-22

Receipt No: N038824

Claim Fee: 2500 By: NS

IDWR / NORTH

RECEIVED

APR 07 2022

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

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) VIVIAN DE ARMAS Phone () 509-498-1922Mailing address P.O. Box 637, Preston ID Zip 83856Email address (optional) dwanned63@gmail.com2. Date of priority: (Only one per claim) 12/8/2016 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) home connected to wellwhich is tributary to (b) "4. Location of point of diversion is: Township 56N, Range 04W, Section 191/4 of 1/4, or Govt. Lot _____ BM, County of BONNERParcel no. OC 56N04W193747AAdditional points of diversion, if any: XIf available, GPS coordinates: ⊙

5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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.

well

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For household purposes from Jan 1st to Dec 31st amount .04 cfs () or AFY ()For yard-bird use purposes from _____ to _____ amount _____7. Total quantity claimed .04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

Domestic -

9. Location of place of use is: Township 56N, Range 04W, Section 19,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4
for (check one) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any _____

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 the 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):
Date of well driller report

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 _____

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: 2

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) [Signature] Date: 3/20/22

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

Agent's title (Please print) _____ of _____ Name of organization (Please print)
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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 _____



MAKE CHECK PAYABLE TO:
**BONNER COUNTY TREASURER
 & TAX COLLECTOR**
 1500 Hwy 2 Suite 304
 Sandpoint, ID 83864-1793
 Phone: (208) 265-1433

5724.64

IMPORTANT TAX DOCUMENT

2740*7**G50**0.536**1/2*****AUTO5-DIGIT 83864
 DE ARMAS VIVIAN
 PO BOX 637
 PRIEST RIVER ID 83856-0637



AUTHORIZATION CODE
BON-4Q937KWN

Property Location: 102 LOCUST LN 83856
 Legal Description: 19-56N-4W
 TAX 38

DELINQUENTS
 RP 38342 2020

★★★★ IMPORTANT ★★★★★
PLEASE READ BOTH FRONT AND BACK
 ★★★★★ MONTHLY PAYMENTS ARE ACCEPTED ★★★★★

For information on Bonds visit:
WWW.BONNERCOUNTYID.GOV/TREASURER

TO AVOID LATE CHARGES, PAYMENTS MUST BE
 RECEIVED OR POSTMARKED BY THE DUE DATE.



PAY ONLINE AT: www.bonnercountyid.gov
 \$1.00 ACH or 2.5% CARD FEE

Please fold on perforation BEFORE tearing

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
 PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

DE ARMAS, VIVIAN
 DELINQ:20

Tax Year: 2021
 Bill #: 38802



1ST HALF



Amount Due:

215.50

FULL



431.00

Make check payable to:
**Bonner County
 Tax Collector**
 RP56N04W193747A
 95-0000

LATE
 INT
 COST
 TOTAL

December 20, 2021

DELINQUENT IF NOT PAID ON OR BEFORE

BONNER COUNTY TAX YEAR 2021

Bill #: 38802

Tax Code Area: 95-0000
 Parcel #: RP56N04W193747A

1st Half Due 12/20/2021

Tax \$ 215.50
 Late
 Interest
 Costs
 Total

2nd Half Due 6/20/2022

Tax \$ 215.50
 Late
 Interest
 Costs
 Total

Full 2021 Amount Due

Tax \$ 431.00
 Late
 Interest
 Costs
 Total

Assessed Value

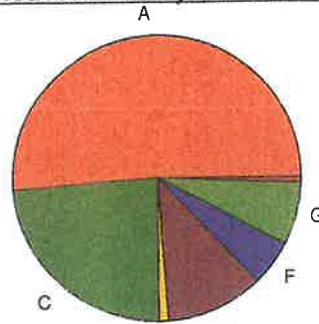
2021

2020

LAND 78,711
 TOT MKT 78,711
 TOT TAX 431.00
 TOT ACRES 2.500

40,251
 260.02

Distribution of your 2021 Tax



Description	D	E	Rate	Amount
A = COUNTY		.002691419		\$211.84
B = W BONNER BOND				\$0.00
C = W BONNER SUPL	.001248772			\$98.28
D = W BONNER OTHER	.000054345			\$4.28
E = CO RD/BRIDGE	.000575609			\$45.30
F = AMBULANCE DIST	.000270461			\$21.28
G = WEST BONNER LIB	.000369383			\$29.06
H = W B LIB PLNT F	.000000000			\$0.00
I = W BONNER CEM	.000034653			\$2.72
J = WEST P O FIRE	.000745108			\$0.00
DISTRICT TOTAL		.005989750		\$412.76
FOREST ASSESSMENT				\$15.00
FOREST PRACTICES ACT				\$3.24
AMOUNT DUE				\$431.00

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
 PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

DE ARMAS, VIVIAN
 DELINQ:20

Tax Year: 2021
 Bill #: 38802



2ND HALF



Amount Due:

215.50

Make check payable to:
**Bonner County
 Tax Collector**
 RP56N04W193747A
 95-0000

LATE
 INT
 COST
 TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

June 20, 2022

