

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 96-4215
Date Received: 4/20/2022
Receipt No:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PETER KASEBURG	6680 NW 179TH STREET	RIDGEFIELD	WA	USA	98642
SHELAGH KASEBURG	6680 NW 179TH STREET	RIDGEFIELD	WA	USA	98642

2. Date of Priority:

Date	Explanation
6/1/1932	First filed by Doug McLean on 5/31/1932

3. Source:

Source	Tributary
LAKE PEND OREILLE	PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
56N	01E	8	1	NW	NW	BONNER		

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	2		domestic use
DOMESTIC	2		Domestic water and possible fire control in emergency

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1/01	12/31
DOMESTIC	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.50		
DOMESTIC	0.50		

Totals

CFS	AF	KW
0.50		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
56N	01E	8	NW	NW	BONNER	1	
56N	01E	8	NW	NW	BONNER		
DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
56N	01E	8	NW	NW	BONNER	1	
56N	01E	8	NW	NW	BONNER		



9. **Remarks:**

Doug McLean's Dock and domestic water encroachment permit ERC-96-S-219 dated 1/13/1975 from IDL was transferred to us on 9/11/2008. On 3/3/17 IDL issued a new encroachment permit to us as L-96-S-2395 replacing the old permit 96-S-219 for a modified dock and continued domestic water intake system

10. **Other Water Rights:**

11. **Basis:**

Basis
Statutory Claim

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: _____

_____ of _____

_____ of _____

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

Title and Organization _____

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