



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

November 22, 2021

DAWN PUMNEA
C/O MATT PUMNEA
681 SHANNON LN
PRIEST RIVER ID 83856

RE: Clark Fork-Pend Oreille River Basin Adjudication (CFPRBA) Notice of Claim to a Water Right

Dear Matt and Dawn:

Regarding our phone conversation of Friday, November 19, 2021, enclosed are two completed water right claims for your domestic usage for the shop/RV and the mobile home usage from your well. Also enclosed are claim filing instructions and a map.

Please review the claims for accuracy and if there are any changes, just cross out the incorrect information and write in the correct information. Be sure to initial and date any changes that you make. Under item 13, please include a remark regarding the priority dates claimed under item 2, and if you have any supporting documentation for the first usage dates, please include that also. Sign and date under the organization block in item 15. On the maps, please show on each map where the well is and where the mobile home and shop and RV sites are located.

I am also returning the Notice of Claim listing the surface water/spring source showing the priority date of September 12, 2021, and the Application for Permit for the spring and runoff source for the domestic and stockwater usage. Based on our phone conversation, the claim and the application are unnecessary and are being replaced by the two Notice of Claims discussed above.

The fee for each of these claims is \$25.00; however, we will apply the \$25.00 fee you paid toward the claim for the shop and RV usage, and will need an additional \$25.00 for the claim for the well and mobile home usage.

These may be returned to our Coeur d'Alene office at the address listed above, to my attention. Please feel free to contact me if you have any questions. I can be reached at (208) 762-2800 or by email at linda.werner@idwr.idaho.gov. Also, please return this information by December 3, 2021, so I can complete the recommendation of your claims in a timely manner.

Sincerely,

Linda A. Werner
Senior Water Resource Agent

Enclosures

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: _____

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) DAWN L PUMNEA Phone (509) 991-3333
Mailing address 681 SHANNON LN PRIEST RIVER ID Zip 83856
Street or Box City State
Email address (optional) _____
2. Date of priority: (Only one per claim) 8/20/2013 (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. Location of point of diversion is: Township 56N, Range 05W, Section 22,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of BONNER;
Parcel no. RP0060500032A0A
Additional points of diversion, if any: _____
If 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.
HAND DUG WELL, PUMP AND PIPELINE TO MOBILE HOME
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE AT MOBILE HOME

9. Location of place of use is: Township 56N, Range 05W, Section 22,
SE 1/4 of NE 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):

~~WHEN MOBILE HOME WAS MOVED ON TO PROPERTY AND CONNECTED TO THE WELL.~~

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: _____

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

_____ of _____
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 _____

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 _____



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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: _____

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) DAWN L PUMNEA Phone (509) 991-3333

Mailing address 681 SHANNON LN PRIEST RIVER ID Zip 83856
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 8/20/1998 (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. Location of point of diversion is: Township 56N, Range 05W, Section 22,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of BONNER;

Parcel no. RP0060500032A0A

Additional points of diversion, if any: _____

If 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.

HAND DUG WELL, PUMP AND PIPELINE

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

For DOMESTIC purposes from 1/1 to 12/31 amount 0.04
Month/Day Month/Day cfs (✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE AT RV AND SHOP

9. Location of place of use is: Township 56N, Range 05W, Section 22,

SE 1/4 of NE 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):

~~WHEN WELL WAS DUG AND HOOKED UP AND USED AT SHOP AND RV.~~

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: _____

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

_____ of _____,
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 _____

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 _____

↑ N



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: _____

Date Received: 9-27-2021Receipt No: NO37516Claim Fee: 25.00 By: JD

RECEIVED

SEP 27 2021

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

Please type or print clearly

1. Name of claimant(s) Dawn Purnea Matt Purnea Rep. Phone (509) 991-3333
Mailing address 681 Shannon Lane Priest River Idaho 83856
Street or Box City State Zip
Email address (optional) N/A
2. Date of priority: (Only one per claim) 09 12 2021 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water or Other () Surface water
which is tributary to (b) Sinks / Storm water management
4. Location of point of diversion is: Township 56 N, Range 5 W, Section 22,
1/4 of _____ 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. R P 0060 5000 32 A0 A
Additional points of diversion, if any: _____
If available, GPS coordinates: N/A
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.
Dry Well surrounded by Drainage rock depth
8ft 2" inlet to 1 1/2" pump For Domestic use
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 1-1 to 12-31 amount 0.04 cfs (✓) or AFY ()
For Stock water purposes from 1-1 to 12-31 amount 0.02 cfs () or AFY ()
7. Total quantity claimed .06 cfs () or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Wild life - not used for stockwater at this time

9. Location of place of use is: Township 56N, Range 5W, Section 22,
1/4 of 1/4, Govt. Lot _____ BM, Parcel no. RP00605000 32 A0 A
If different than shown in Item 4
for (check one) Domestic () Stock () Domestic and Stock (☒)
Additional places of use, if any Water for fire control
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):
Area used for storm water management in addition to drawing on SF

14. Basis of claim (check one) Beneficial Use (☒) Posted Notice () License () Permit () Decree ()
Court 69576 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-Perd 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) Matt Pinner Date: 9/12/21

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

_____ of _____,
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 _____

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 _____

DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant(s) Dawn Punnee Matt Punnee Phone 509-991-3333
 Name connector (check one): ☐ and ☐ or ☐ and/or
 Mailing address 681 Shanna Lane City Priest River
 State Idaho ZIP 83856 Email N/A
2. Name of representative, if any Matt Punnee Phone 509-991-3333
 Mailing address Same as above City _____
 State _____ ZIP _____ Email _____
- a. ☒ Send all correspondence for this application to the representative and not to the applicant OR
☐ Send original correspondence to the applicant and copies to the representative.
- b. ☒ The representative may submit information for the applicant but is not authorized to sign for the applicant OR
☐ The representative is authorized to sign for the applicant. Attach a Power of Attorney or other documentation.
3. Source of water supply Spring & runoff which is a tributary of _____
4. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
<u>56N</u>	<u>SW</u>	<u>22</u>					<u>Bonner</u>	<u>spring/surface</u>	

5. Water will be used for the following purposes:
- Amount .04 CFS for Domestic purposes from 1-1 to 12-31 (both dates inclusive)
 (cfs or acre-feet per year)
- Amount .02 CFS for Stockwater purposes from 1-1 to 12-31 (both dates inclusive)
 (cfs or acre-feet per year)
- Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)
- Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)
6. Total quantity to be appropriated is (a) .06 cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).
7. Proposed diverting works:
- a. Describe type and size of devices used to divert water from the source. Dry well surrounded by Drainage rock 8 ft depth 2" inlet to 1 1/2" pump
- b. Height of storage dam N/A feet; active reservoir capacity unknown acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 12. For dams 10 feet or more in height AND having a storage capacity of 50 acre-feet or more, submit a separate Application for Construction or Enlargement of a New or Existing Dam. Application required? ☐ Yes ☒ No
- c. Proposed well diameter is 48" inches; proposed depth of well is 8 feet.
- d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☒ No
- e. If well is already drilled, when? No; drilling firm N/A
 well was drilled for (well owner) N/A; Drilling Permit No. N/A

For Department Use

Received by _____ Date _____ Time _____ Preliminary check by _____

Fee \$ _____ Received by _____ Receipt No. _____ Date _____

8. Description of proposed uses (if irrigation only, go to item 9):
- Hydropower; show total feet of head and proposed capacity in kW. _____
 - Stockwatering; list number and kind of livestock. Unknown at this time
 - Municipal; must complete and attach the Municipal Water Right Application Checklist.
 - Domestic; show number of households 1
 - Other; describe fully. wild life habitat

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of the 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	
<u>56N</u>	<u>5W</u>	<u>22</u>																	

Total number of acres to be irrigated: 1/2

10. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? Yes to be filtered

for human consumption some irrigation 1/2 acre and fire control

- Who owns the property at the point of diversion? Dawn Purnee
- Who owns the land to be irrigated or place of use? Same
- If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. Domestic although not fit for human

consumption at this time.

13. Time required for completion of works and application of water to proposed beneficial use is ____ years (minimum 1 year).

14. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" map or maps clearly identifying the proposed point of diversion, place of use, section #, township & range. The map scale shall not be less than two (2) inches equal to one (1) mile.

The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Matt Purnee
 Signature of Applicant
Matt Purnee
 Print Name (and title, if applicable)

 Signature of Applicant

 Print Name (and title, if applicable)

Idaho Department of Water Resources Receipt

Receipt ID: N037516

Payment Amount	\$25.00	Date Received	9/27/2021	Region	NORTHERN
Payment Type	Check	Check Number	2737		
Payer	PUMNEA, MATT				
Comments	NOTICE OF CLAIM TO A WATER RIGHT FOR DAWN PUMNEA & MATT PUMNEA REP.				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155



Signature Line (Department Representative)