

**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
MAY 03 2022

DEPT. OF WATER RESOURCES

Ident. Number: 96-2072
Date Received: 5/3/2022
Receipt No: N039234
Claim Fee: \$53.00
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

WILLIAM L BAXTER
PO BOX 96
HOPE ID 83836

Phone: (208) 217-3111

2. Date of Priority: 3/16/1914

3. Source:
RISER CREEK

Trib. to:
LAKE PEND OREILLE

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	02E	6	SW NW		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	01/01	12/31	0.04		
IRRIGATION	04/01	10/31	0.04		

7. Total Quantity Appropriated is:

0.08 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01E	1	NE		SE		

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01E	1	NE		SE		2.1

Total Acres = 2.1

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:

12. Remarks:

Priority Date Explanation:

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

Number of attachments: _____

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Date: 3 Mar 2022

_____ Date: _____