

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: 97-7404
Date Received: 5/3/2022
Receipt No: N039244
Claim Fee: \$25.00
Received By: JD

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

RUTH MCBURNEY FAMILY LLC
BOX 4
SANDPOINT ID 83864

Phone: (208) 255-8781

2. Date of Priority: 9/6/2000

3. Source:

PRIEST LAKE

Trib. to:

PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	05W	12	NE NE	1	BONNER	

5. Description of diverting works:

Pump & line to home. Portable pump & line for lawn/garden irrigation.

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		1.2

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	05W	12	NE		NE	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:

This right does not grant any right-of-way or easement across the land of another.

Domestic use is for 1 home.

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

Number of attachments: _____

For Organizations:

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

_____ of _____
Agents 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 _____