

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: 96-7127
Date Received: 5/3/2022
Receipt No: N039334
Claim Fee: \$72.00
Received By: _____

RECEIVED

MAY 04 2022

IDWR/NORTH

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

1. Name of Claimant(s)

RESORT WATER CO INC
165 VILLAGE LN STE A
SANDPOINT ID 83864

Phone: (208) 255-3046

2. Date of Priority: 3/11/1973

3. Source:

SCHWEITZER CREEK

Trib. to:

SAND CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	02W	20	NE 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
COMMERCIAL	1/01	12/31	0.22		6.8

7. Total Quantity Appropriated is:

0.22 C.F.S. and/or 6.8 A.F.A.

8. Non-irrigation uses:

9. Place of use:

COMMERCIAL within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	02W	20	NE		NW		

10. Do you own the property listed above as place of use? No

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:

Commercial use is for 2 restaurants, a lounge, ski shop, convenience store, daycare center, maintenance shop, offices & restrooms.

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

<u>PRESIDENT</u>	of	<u>RESORT WATER Co INC</u>
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

Tom Trulock Date 5/4/22

Printed Name of Authorized Agent

Tom Trulock