

**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: 96-7067
Date Received: 5/5/2022
Receipt No: **N039408**
Claim Fee: **\$55.00**
Received By: _____

RECEIVED

MAY 05 2022

IDWR/NORTH

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

1. Name of Claimant(s)

BIRCH BEAUTY ESTATES WATER SYSTEM MANAGEMENT & MAINTENANCE ASSN INC Phone: (509) 999-2211
C/O SANDI HAMPTON
121 BIRCH BEAUTY
PRIEST RIVER ID 83856

2. Date of Priority: 8/4/1971

3. Source:

LAKE PEND OREILLE

Trib. to:

PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	04W	2	SE NW	4	BONNER	

5. Description of diverting works:

Pipe and pump in the lake that is used for the irrigation. This is based on the original license 96-7067.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	4/15	10/15	0.15		15

7. Total Quantity Appropriated is:

0.15 C.F.S. and/or 15 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	04W	2	SE		NW	3	5

Total Acres = 5

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:

See license. Claiming a portion of the original license since properties have been split since original owner.

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: _____

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

SECRETARY/TREASURER of BIRCH BEAUTY ESTATES WATER SYST. MGMT + MAINT. ASSN, INC.

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

Sandi Hampton

Date

5/5/22

Printed Name of Authorized Agent

SANDI HAMPTON

Claim 96-7067 Map

Approximate Point of Diversion

Irrigation Place of Use Highlighted
in Red

