

**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 05 2022

IDWR/NORTH

Ident. Number: 96-8815
Date Received: 5/5/2022
Receipt No: **NO39458**
Claim Fee: **\$51.00**
Received By: _____

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

1. Name of Claimant(s)

SANDRA K DAVIS
1371 RAPID LIGHTNING CREEK RD
SANDPOINT ID 83864-9763

Phone: (208) 255-6330

2. Date of Priority: 8/11/1994

3. Source:

PACK RIVER

Trib. to:

LAKE PEND OREILLE

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	01W	24	SE NW		BONNER	

5. Description of diverting works:

See license. Pump and pipe supplying irrigation use.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	3/15	11/15	0.02		1.5

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 1.5 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	01W	24	SE		NW		0.5

Total Acres = 0.5

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:
See license.

This right when combined with all other rights shall provide no more than 3.0 afa per acre for irrigation of the lands above.

This right when combined with all other rights shall provide no more than .02 cfs nor more than 1.5 afa for the land described above.

13. Basis of Claim: License

14. Signature(s)

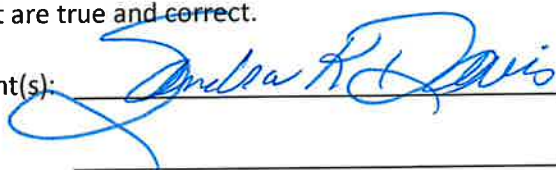
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For 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:

5/5/22

Date: