

**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: 96-9749
Date Received: 5/4/2022
Receipt No: N039331
Claim Fee: \$52.00
Received By: _____

RECEIVED
MAY 04 2022

DEPT. OF WATER RESOURCES

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

1. Name of Claimant(s)

WARREN LIVING TRUST
C/O CLIFTON A WARREN OR CAROL A WARREN
224 SUNNYSIDE RD
SANDPOINT ID 83864-8071

Phone: (208) 610-4289

2. Date of Priority: 5/6/2019

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
57N	01W	4	SW NW		BONNER	

5. Description of diverting works:

SUCTION PIPE. PUMP IS STA RITE MODEL XVB182TC DR7318EPL. PUMP DHH-122.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.06		6

7. Total Quantity Appropriated is:

0.06 C.F.S. and/or 6 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	01W	4	SW		NW		2

Total Acres = 2

10. Do you own the property listed above as place of use? ~~No~~ *Yes CAW*

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 when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the place of use.

A fish screen of 1/4 inch or smaller mesh shall be installed and maintained at the point of diversion.

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

Trustee of Klarven Living Trust
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 Clifton A. Warren Date 5/4/2022
Printed Name of Authorized Agent Clifton A. Warren