

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

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Ident. Number: 96-7536
Date Received:
Receipt No: *N039417*
Claim Fee: *65.00*
Received By: _____

1. Name of Claimant(s)

KANIKSU SHORES EST IMPROVEMENT ASSN

~~PO BOX 731~~

~~SANDPOINT ID 83864~~

*P.O. Box 120
POWDERAY, ID 83852*

Phone: _____

2. Date of Priority: 6/20/1977

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
57N	01W	5	SE SE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	1/01	12/31	0.15		15.6

7. Total Quantity Appropriated is:

0.15 C.F.S. and/or 15.6 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	01W	5	SE		SE		

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:

REINSTATED 9-19-1978.

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

Assoc. President

Agents Title (please print)

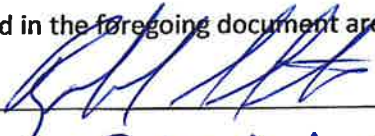
of

Kewiku Shores Improvement Assoc

Name of Organization(please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent



Date

5/5/22

Printed Name of Authorized Agent

Robert A. Starkey, President