

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: 96-7759
Date Received:
Receipt No: N039417
Claim Fee: 70.00
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

KANIKSU SHORES EST IMPROVEMENT ASSN

385 KANIKSU SHORES RD

SANDPOINT ID 83864-6458

P.O. Box 120

PONDERAY, ID 83852

Phone: *PS 5/5/22*

2. Date of Priority: 3/12/1979

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	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	0.2		15.6

7. Total Quantity Appropriated is:

0.2 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:

See remarks for additional conditions of approval.

The maximum combined rate of diversion under this right & Right 96-7536 shall not exceed 0.20 cfs.

Domestic use is for 20 homes.

2 points of diversion located in SESE, S5, T57N, R1W.

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.

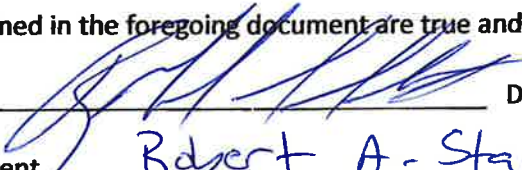
Number of attachments: _____

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 of Kenilcsu Shares Improvement Assoc.
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  Date 5/5/22

Printed Name of Authorized Agent Robert A. Starkey