

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

Claim ID: 96-7873

Date Received: 5/03/2022

Receipt No: N039251

Claim Fee: \$54.00 By: \_\_\_\_\_

RECEIVED

MAY 03 2022

DEPT. OF WATER RESOURCES

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Timothy Cosky, Christie Cosky Phone ( 801 ) 995-9449  
Mailing address 1187 McGhee Rd Sandpoint ID 83864  
Street or Box City State Zip  
Email address (optional) tcosky25@yahoo.com
2. Date of priority: (Only one per claim) June 3, 1980 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water ( ) or Other ( ☒ ) (a) Unnamed Stream  
which is tributary to (b) Sand Creek
4. a. Location of point of diversion is: Township 57N, Range 02W, Section 1,  
NW 1/4 of NW 1/4, Govt. Lot 4, BM, County of Bonner  
Parcel no. RP57N02W013010A  
Additional points of diversion, if any: \_\_\_\_\_  
If available, GPS Coordinates \_\_\_\_\_  
b. If instream flow, beginning point of claimed instream flow is:  
Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_, \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4,  
Govt. Lot \_\_\_\_\_, BM, County of \_\_\_\_\_  
Ending point is: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_, \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4,  
Govt. Lot \_\_\_\_\_, BM, County of \_\_\_\_\_
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),  
including the dates of any changes or enlargements in use, the dimensions of the diversion works as  
constructed and as enlarged and the depth of each well.  
See license. Developed spring is located between the two houses.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic purposes from 1/1 to 12/31 amount .04 or 1.2

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

7. Total quantity claimed (a) .04 (cfs) and/or (b) 1.2 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 1 home

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

| TWP | RGE | SEC | NE |    |    |    | NW |      |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|------|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW   | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 57N | 02W | 1   |    |    |    |    |    | D,L1 |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |        |

Parcel no(s). Same Total number of acres irrigated \_\_\_\_\_

10. In which county(ies) are lands listed above as place of use located? Bonner

11. Do you own the property listed above as place of use? Yes ( ☒ ) No ( ☐ )  
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.  
96-11078 or None ( ☐ )

13. Remarks (Include an explanation of the priority date selected):  
See license.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of claimant(s) \_\_\_\_\_ Claim ID \_\_\_\_\_

Scale: 2 inches equals 1 mile

[illegible]

Name of claimant(s) \_\_\_\_\_ Claim ID \_\_\_\_\_

14. Basis of claim (Check one) Beneficial Use ( ) Posted Notice ( ) License ( ☒ ) Permit ( ) Decree ( )

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable provide IDWR Water Right Number 96-7873

**15. Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Clark Fork-Pend Oreille River Basin Water System 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) Timothy Coky Date: 5/3/2022  
\_\_\_\_\_  
Date: \_\_\_\_\_

**For Organizations:** I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

\_\_\_\_\_ of \_\_\_\_\_  
Agent's 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 \_\_\_\_\_

Printed Name of Authorized Agent \_\_\_\_\_

**16. Notice of Appearance:**

Notice is hereby given that I, (please print) \_\_\_\_\_, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Name of claimant(s) \_\_\_\_\_ Claim ID \_\_\_\_\_