

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: 97-8860

Date Received: 4-21-2022

Receipt No: NO390.30

Claim Fee: 25.00 By: JL

RECEIVED

APR 21 2022

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Erik & Barbara Lau Phone (509) 727-2173
 Mailing address 1442 Desert Springs Ave Richland Washington Zip 99352
Street or Box City State
 Email address (optional) eriklau1@msn.com
2. Date of priority: (Only one per claim) 10/1/1995 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (☒) or Other () (a) Well 196 feet deep
 which is tributary to (b) _____
4. Location of point of diversion is: Township N56, Range 4W, Section 6,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Bonner;
 Parcel no. RP 56N04W067880 A
 Additional points of diversion, if any: _____
 If available, GPS coordinates: _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed .04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 HOME-1697 Sanborn Creek Rd., Priest River Idaho 83856

9. Location of place of use is: Township N56, Range 4W, Section 6,
NW 1/4 of SE 1/4, Govt. Lot BM, Parcel no.
If different than shown in Item 4
for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** (✓)

Additional places of use, if any RP 56N04W067800 A (adjacent land for lawn watering)

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 the 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.
Supply house and water less than 1/2 acre or None ()

13. Remarks (include an explanation of the priority date selected):
Use of Water of the property, since 1995

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

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: 1

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) Erik Lau Erik Lau Date: 4/18/22
Barbara Lau Barbara Lau Date: 4/18/2022

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 of behalf on 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