

**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: 97-8591
Date Received: 4/29/2022
Receipt No: N839126
Claim Fee: \$25.00
Received By: NS

RECEIVED

APR 29 2022

IDWR/NORTH

**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**

1. Name of Claimant(s)

JEFFREY W RAUEN AND BRANDI D RAUEN REVOCABLE TRUST
45 CHINOOK WAY
PRIEST RIVER ID 83856-6013

Phone: (208) 204-4542

2. Date of Priority: 12/31/2004

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	05W	12	SE SE		BONNER	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME AND GUEST HOUSE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.03		

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME AND ONE AUXILIARY LIVING UNIT

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	05W	12	SE		SE		

10. Do you own the property listed above as place of use? Yes

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:

WELL COMPLETED IN 1998, HOME COMPLETED AND CONNECTED TO WELL IN APPROXIMATELY 2004.

13. Basis of Claim: Beneficial Use

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

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 JEFFREY W RAUEN & BRANDI D RAUEN REVOCABLE 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 Jeffrey W Rauen Date 4-29-22
Printed Name of Authorized Agent JEFFREY W RAUEN

PARCEL LOCATION FOR CFPRBA CLAIM

2004 AERIAL PHOTO

