

**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: 96-8491
Date Received: 5/4/2022
Receipt No: N039717
Claim Fee: \$109.00
Received By: NS

RECEIVED

MAY 20 2022

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

IDWR/NORTH

1. Name of Claimant(s)

LAKE PEND OREILLE SCHOOL DISTRICT # 84
901 TRIANGLE DR
PONDERAY ID 83852

Phone: (208) 290-2100

2. Date of Priority: 7/16/1987

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	02E	7	SW NW	2	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	0.5		2.2
FIRE PROTECTION	1/01	12/31	0.5		
IRRIGATION	3/15	11/15	0.18		27

7. Total Quantity Appropriated is:

0.5 C.F.S. and/or 29.2 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	02E	7	SW		NW	2	

FIRE PROTECTION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	02E	7	SW		NW	2	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	02E	7	SW		NW	2	9

Total Acres = 9

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:

Domestic use is for a school facility.

This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for irrigation of the lands above.

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

Superintendent of Lake Pend Oreille School Dist.
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 Tom Albertson Date 5/5/22

Printed Name of Authorized Agent Tom Albertson