

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 31 2022

IDWR / NORTH

Ident. Number: 96-9068
Date Received: 5/17/2022
Receipt No: N039836
Claim Fee: 51.00
Received By:

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

1. Name of Claimant(s)

DRYDEN TRUST
C/O KATHLEEN DRYDEN
10165 ONTARIO ST
SANDPOINT ID 83864-4008

Phone: (208) 263-5233

2. Date of Priority: 4/4/2001

3. Source:

LITTLE CHUCK SLOUGH

Trib. to:

PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼
57N	02W	28	NE NW

Lot	County
	BONNER

Type

5. Description of diverting works:

Pump in slough, pipeline to sprinkler system

6. Water is used for the following purposes:

Purpose
IRRIGATION

From	To	C.F.S.	(or)	A.F.A
04/01	10/31	0.03		3

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or 3 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	02W	28	NE		NW		0.5
57N	02W	28	NW		NW		0.5

Total Acres = 1

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:

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

_____ of _____
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 _____

Printed Name of Authorized Agent _____

I checked on how the

Trust is named. It's

Thomas E. and Kathleen J.
Dryden Living Trust