

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: 97-9126Date Received: 10-29-22Receipt No: N090317Claim Fee: \$250 By: NS

RECEIVED

JUN 10 2022

IDWR / NORTH

Please type or print clearly

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

RECEIVED

JUN 29 2022

IDWR / NORTH

- Name of claimant(s) Michael + Carleen D. Cumston Phone () _____
Mailing address 729 Toad Rd Priest River, ID. Zip 83856
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 31 Jan 1, 2003 (Explain priority date selected in Remarks)
Month/Day Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other () (a) drilled well 6" casing
which is tributary to (b) _____
- Location of point of diversion is: Township 58, Range 4, Section 8,
N/E 1/4 of S/W 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP 58 N 04 W 17 25 25 A
Additional points of diversion, if any: N/A
If available, GPS coordinates: N/A
- 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.
well 205' / Pump depth as claimed by driller
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from _____ Month/Day _____ Month/Day _____ cfs () or AFY ()
to infinity amount Domestic uses
For _____ purposes from _____ Month/Day _____ Month/Day _____ cfs () or AFY ()
to _____ amount _____
- Total quantity claimed ? cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
N/A

9. Location of place of use is: Township 58N, Range 4W, Section 8

_____ 1/4 of _____ 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 N/A

10. In which county(ies) are lands listed above as place of use located? Bonner CO, IDAHO, Priest River

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.
N/A or None ☐

13. Remarks (include an explanation of the priority date selected):
This writ is an Proxy mandated by said Idaho dept. of water Resources, MDC.

14. Basis of claim (check one) Beneficial Use ☐ Posted Notice ☐ License ☐ Permit ☐ Decree ☐ Proxy ☒
Court ☒ Decree Date ☒ Plaintiff v. Defendant ☒
If applicable provide IDWR Water Right Number D0044807 well Tag!

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) Michael and Carleen D. Gustafson Date: June 10, 2022
Carleen Gustafson Date: 6-23-22

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 _____