

JUN 29 2022

DEPARTMENT OF
WATER RESOURCES

Form No. 42-1409-2 (Internet 06/21)

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: 97-9147

Date Received: 6.29.22

Receipt No: C113272

Claim Fee: 25.00 By: Kue

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

Please type or print clearly

- Name of claimant(s) Stephen Parris Phone (530) 577-5914
Mailing address P.O. Box 8591 South Lake Tahoe CA Zip 96158
Street or Box City State
Email address (optional) Steve Parris 58@yahoo.com
- Date of priority: (Only one per claim) July 1 1980 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 56N, Range 4W, Section 28,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP 56N04W289000A
Additional points of diversion, if any: None
If available, GPS coordinates: Lat. 48.16813 Long. 116.83101
- 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.
Simple well & pump connected to small cabin
via PVC pipe. No known changes or enlargements, dimensions & depth unknown
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For domestic purposes from 1-1 to 12-31 amount < 0.04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 20.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 Small vacation cabin (1 bedroom) 1 bath, 1 Kitchen sink faucet
used less than 6 months a year

9. Location of place of use is: Township 56N, Range 4W, Section 28,
S.E. 1/4 of S.E. 1/4, Govt. Lot _____ BM, Parcel no. RP 56 N04 W28 9000A
If different than shown in Item 4
for (check one) ☒ Domestic ☐ Stock ☐ Domestic and Stock ☐

Additional places of use, if any _____

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.
None Known or None ☒

13. Remarks (include an explanation of the priority date selected):
This is my best guess as the house served by well
was built in 1980, probably in the summer months

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: _____

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) Stephen Paris Date: 6/24/22

Date: _____

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

Agent's title (Please print) _____ of _____ 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 _____