

# 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: 96-9229

Date Received: 5-25-2022

Receipt No: N039766

Claim Fee: 25.00 By: N

RECEIVED

MAY 25 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

Please type or print clearly

- Name of claimant(s) PHILIP T. & PENNY S. MCGUIRE Phone (208) 263 8800  
Mailing address 965 SOUTH SAGLE ROAD SAGLE IDAHO 83860  
Street or Box City State Zip  
Email address (optional) penny.mcguire@hotmail.com
- Date of priority: (Only one per claim) MARCH 3RD 2005 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 02W, Section 23  
SW 1/4 of NW 1/4, or Govt. Lot — BM, County of BONNER;  
Parcel no. RP56N02W234201A  
Additional points of diversion, if any: \_\_\_\_\_  
If available, GPS coordinates: \_\_\_\_\_
- 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.  
AQUA DRILL PERMIT #758206  
"1991"
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs ( ☒ ) or AFY ( )  
For STOCK WATER purposes from 01/01 to 12/31 amount 0.02 cfs ( ) or AFY ( )
- Total quantity claimed 0.06 cfs ☒ or AFY ( )
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
DOMESTIC - 1 HOUSE STOCK WATER - 27 RANGE CATTLE



Phil & Penny McGuire  
965 South Sagle Road  
Sagle, Idaho  
83860

IDWR. #  
96-9229

①



Phil & Penny McGuire  
965 South Sagle Road  
Sagle, Idaho  
83860

9. Location of place of use is: Township 56N, Range 02W, Section 23  
SW 1/4 of NW 1/4, Govt. Lot 1 BM, Parcel no. RPS6N02W234201A  
for (check one) Domestic ( ) Stock ( ) Domestic and Stock ☒ If different than shown in Item 4

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.

or None ☒

13. Remarks (include an explanation of the priority date selected):

WATER RIGHTS LICENSE # 96-09229  
MARCH 30, 2005

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 96-9229

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) Phil & Penny McGuire

Date: 5-20-22

Date: 5/20/2022

**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)

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 \_\_\_\_\_

(2)