

# 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: 97-9257

Date Received: 6-10-22

Receipt No: N039977

Claim Fee: 2500 By: NS

**RECEIVED**

**JUN 10 2022**

## 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**

**IDWR / NORTH**

**Please type or print clearly**

1. Name of claimant(s) Michael Boyer Phone (208) 691-3910  
 Mailing address 10547 N. Idaho Rd. POST FALLS ID. Zip 83854  
Street or Box City State  
 Email address (optional) boyermike@msn.com
2. Date of priority: (Only one per claim) July 1 - 1998 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water ☒ or Other ( ) (a) \_\_\_\_\_  
 which is tributary to (b) \_\_\_\_\_
4. Location of point of diversion is: Township 56 N, Range 5W, Section 22, S-42  
SE 1/4 of SW 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Bonner;  
 Parcel no. R456N.05W22.46.53 A  
 Additional points of diversion, if any: \_\_\_\_\_  
 If available, GPS coordinates: 22-56N-5W-52SE NW - Legal.
5. 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 with pump 1128'
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  

|                                                                                   | Month/Day | Month/Day | cfs (X) or AFY ( ) |
|-----------------------------------------------------------------------------------|-----------|-----------|--------------------|
| For <u>domestic</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>0.04</u>   |           |           |                    |
| For <u>Stockwater</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>0.02</u> |           |           |                    |
7. Total quantity claimed 0.06 cfs (X) or AFY ( )
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
Domestic 2 Stockwater 2

9. Location of place of use is: Township 56 N, Range 5 W, Section 22,

SE 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. \_\_\_\_\_

If different than shown in Item 4

for (check one) Domestic ( ) Stock ( ) Domestic and Stock (X)

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 (X) 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.

20 ACRES TRACT or None (X)

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

Well was activated on this date

14. Basis of claim (check one) Beneficial Use (X) Posted Notice ( ) License ( ) Permit ( ) Decree ( )

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable provide IDWR Water Right Number \_\_\_\_\_ Drill Fe

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 ~~not~~ (X) 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 Bayo Date: 06-06-2022

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

\_\_\_\_\_ 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 \_\_\_\_\_