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
Ident. Number 97-8989
Date Received: 6/29/2022
Receipt No: T113284

1. **Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
PHIL STOWELL	218 GOA WAY, PRIEST RIVER, ID,	PRIEST RIVER	ID	USA	83856

2. **Date of Priority:**

Date	Explanation
6/24/1983	IDWR well log

3. **Source:**

Source	Tributary
GROUND WATER	

4. **Point of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
57N	05W	18	2	SW	NW	BONNER		80ft well drilled 6/23/1983

5. **Water is used for the following purpose(s):**

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		domestic

6. **Season(s) of Use:**

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31

7. **Quantity:**

Water Use	CFS	AF	KW
DOMESTIC	0.04		

Totals

CFS	AF	KW
0.04		

8. **Place of Use:**

Water Use	Total Claimed Acreage

DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
57N	05W	18	SE	NW	BONNER		
57N	05W	18	SW	NW	BONNER	2	

9. **Remarks:**

10. **Other Water Rights:**

11. **Basis:**

Basis
Beneficial Use

12. **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 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): _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name

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