

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: 97-8849

Date Received: 7-6-2022

Receipt No: N030466

Claim Fee: 25.00 By: DL

RECEIVED**JUL 06 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

- Wells Fargo Bank, N.A., Trustee of the
1. Name of claimant(s) Maxine L. Clason Trust Phone () _____
- Mailing address 299 S. Main 7th Fl. Salt Lake City UT Zip 84111
Street or Box City State
- Email address (optional) _____
2. Date of priority: (Only one per claim) 1/25/1975 (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 59N, Range 04W, Section 3,
SE 1/4 of SW 1/4, or Govt. Lot 5 BM, County of Bonner;
Parcel no. RP004180000120A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
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.
Pump from well to home.
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 (✓) or AFY () |
|---|-----------|-----------|--------------------|
| For <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.04</u> | | | |
| For _____ purposes from _____ to _____ amount _____ | | | |
7. Total quantity claimed 0.04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
- _____

9. Location of place of use is: Township 59N, Range 04W, Section 3,
SE 1/4 of SW 1/4, Govt. Lot 5 BM, Parcel no. RP004180000130A
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.
97-7312 or None (☐)

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

~~Date well was completed, see attached well driller report. The well driller report pre-dates license no. 97-7312;~~
therefore, the right is being claimed based on beneficial use.

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: 2

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, 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:**

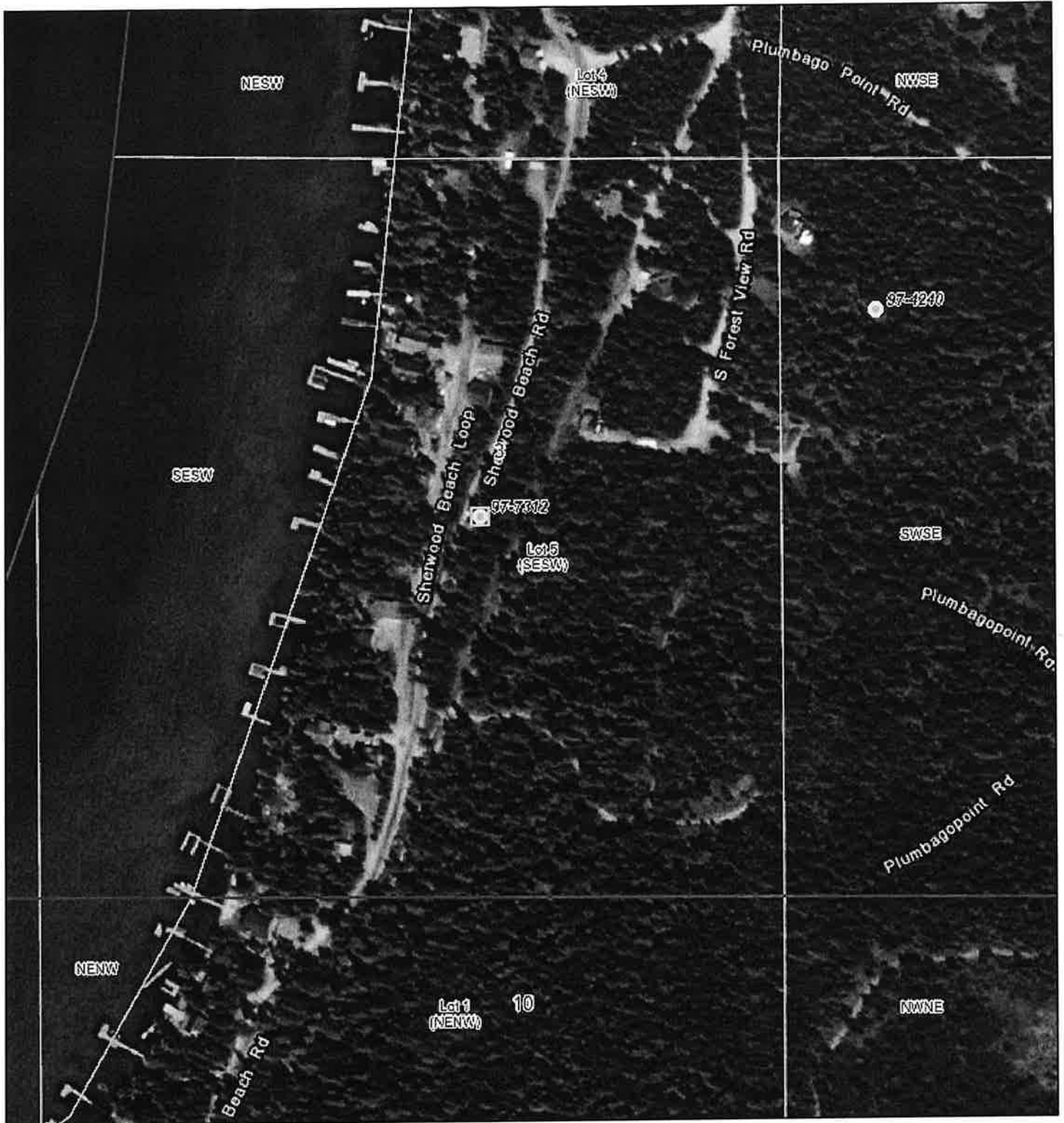
Notice is hereby given that I, (please print) Chris M. Bromley, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address 380 S. 4th St., Ste. 103, Boise, ID 83702

Name of claimant(s) Maxine L. Clason Trust Claim ID 97-8849

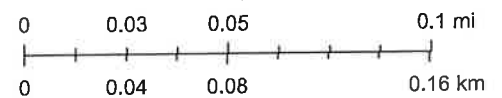
Water Rights



6/29/2022, 10:43:16 AM

1:4,514

- POD - Water Rights
- Quarter Quarters
- PLS Sections
- Townships



Esri, HERE, GeoTechnologies, Inc., Esri, HERE, Garmin, GeoTechnologies, Inc., Maxar

State of Idaho
Department of Water Administration

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

McHUGH BROMLEY

ATTORNEYS AT LAW, PLLC

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380 S. 4th Street, Ste. 103
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(208) 287-0991

Chris M. Bromley
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June 30, 2022

Idaho Dept. of Water Res.
Northern Regional Office
7600 N. Mineral Dr., Ste. 100
Coeur d'Alene, ID 83815-7763

RECEIVED

JUL 06 2022

IDWR/NORTH

Re: Clark Fork-Pend Oreille Adjudication Claims

Dear Northern Region:

Please find enclosed three (3) claims for filing in the Clark Fork-Pend Oreille River Basin Adjudication for clients of McHugh Bromley, PLLC. The claim numbers were given to me by Craig Saxton:

1. 96-11817, Marty Kyler
2. 96-11818, Tim Hemphill
3. 97-8849, Wells Fargo Bank, N.A., Trustee of the Maxine L. Clason Trust

I am enclosing three separate checks, each in the amount of \$25.00 for filing fees.

If there are any questions about the claims, please do not hesitate to contact me.

Sincerely,



CHRIS M. BROMLEY

Encls.