

**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: 96-8982
Date Received: 5/16/2022
Receipt No: N039627
Claim Fee: \$6300
Received By: JB

RECEIVED

MAY 16 2022

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

IDWR/NORTH

1. Name of Claimant(s)

KULLYSPELL ESTATES PROPERTY OWNERS ASSN INC
PO BOX 404
HOPE ID 83836-0404

Phone: (208) 264-5856

2. Date of Priority: 3/10/1998

3. Source:

LAKE PEND OREILLE

Trib. to:

PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	01E	13	SW SW	2	BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
MUNICIPAL	01/01	12/31	0.13		59.4

7. Total Quantity Appropriated is:

0.13 C.F.S. and/or 59.4 A.F.A.

8. Non-irrigation uses:

9. Place of use:

MUNICIPAL within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01E	13	NE		NW		
56N	01E	13	NW		NW		
56N	01E	13	SW		NW		
56N	01E	13	SE		NW		
56N	01E	13	NE		SW		
56N	01E	13	NW		SW	1	
56N	01E	13	SE		SW		

10. Do you own the property listed above as place of use? No

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

96-8632

12. Remarks:

Priority Date Explanation:

Place of use is within the area served by the public water supply system of Kullyspell Estates Homeowners Association. The place of use is generally located within Section 13, Township 56N, Range 01E.

Rights 96-8632 and 96-8982 when combined shall not exceed a total annual maximum diversion volume of 60 af.

13. Basis of Claim: License

14. 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 Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

JAMES ERDMAN, PRESIDENT of KULYSPELL ESTATE PROPERTY OWNERS ASSN.
Agents 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 [Signature] Date 5/16/2022

Printed Name of Authorized Agent JAMES ERDMAN