

RECEIVED

AUG 23 2022

DEPARTMENT OF
WATER RESOURCES

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: 96-7684
Date Received: 8/14/2022
Receipt No: T113690
Claim Fee: \$55.00
Received By: KM

C113776
\$30.00

AMENDED 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

1. Name of Claimant(s)

GOLAD WATER USERS ASSOCIATION
C/O PAUL SWITZER
12416 SE 17TH ST
BELLEVUE WA 98002

Phone: (206) 331-0160

E-mail: Pswitzer1@yahoo.com

2. Date of Priority: 6/29/1978

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	03W	36	NW NW	3	BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/1	12/31	0.05		10.8

7. Total Quantity Appropriated is:

0.05 C.F.S. and/or 10.8 A.F.A.

8. Non-irrigation uses:

Drill a 6" well 100' deep to provide tap water to 9 homes with a diversion rate of 0.05 CFS

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	03W	35	NE		NE	1	
57N	03W	36	NW		NW	3	

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.

- Land lease agreement with Tumble Rock LLC, who assumed ownership from LA + GO Dunston.

11. Other Water Rights Used:

None

12. Remarks:

Priority Date Explanation:

The permit was approved 06/29/1978 and has been in use since installed.

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

President _____ of
Agents Title (please print)

GOLAD Water Users Assoc.,
Name of Organization (please print)

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

Signature of Authorized Agent Paul Switzer Date 8/17/22

Printed Name of Authorized Agent Paul Switzer