

**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: 96-2146
Date Received: 12/16/2022
Receipt No: N042077
Claim Fee: \$52.00
Received By: NLS

RECEIVED

DEC 16 2022

IDWR / NORTH

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

1. Name of Claimant(s)

SMITH TRUST
1290 WESTMOND RD
SAGLE ID 83860

Phone: (208) 263-8090

2. Date of Priority: 7/29/1940

3. Source:

SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	02W	4	NW SE		BONNER	

5. Description of diverting works:

SPRING GRAVITY FED TO SISTERN AND PUMP FROM SISTERN TO HOME.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		
IRRIGATION	04/01	10/31	0.05		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR TWO HOMES.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	02W	4	NW		SE		

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	02W	4	NW		SE		2

Total Acres = 2

10. Do you own the property listed above as place of use? Yes

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

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:
SEE LICENSE 96-2146.

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

Trustee of Smith Trust
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 Evelyn J. Smith Date 12-16-2022
Printed Name of Authorized Agent Evelyn J. Smith