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: 96-2213
Date Received: 2/13/2023
Receipt No: N0042493
Claim Fee: $113.00
Received By: NS

RECEIVED
FEB 13 2023
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

   ELIZABETH BETTE IRVINE
   3915 VAY RD
   PRIEST RIVER ID 83856

   Phone: (208) 659-6891

2. Date of Priority: 9/11/1952

3. Source:
   HOODOO DITCH

   Trib. to:
   PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	04W	12	SW SE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.64		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	04W	12	NE		SE		1.9
55N	04W	12	NW		SE		30
55N	04W	12	SW		SE		24
55N	04W	13	NW		NE		6.2

Total Acres = 62.1

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:

SOURCE KNOWN LOCALLY AS HOODOO DRAINAGE DITCH.

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 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: 2/13/23

_____ Date: _____