

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: 96-2271
Date Received: 12/23/22
Receipt No: N042118
Claim Fee: \$60.00
Received By: NS

RECEIVED
DEC 23 2022
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

LARSON TRUST
270 CURTIS CREEK RD
PRIEST RIVER ID 83856

Phone: (208) 263-5405

2. Date of Priority: 2/9/1962

3. Source:

SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	04W	33	SE NE		BONNER	

5. Description of diverting works:

Pump

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.54		144

7. Total Quantity Appropriated is:

0.54 C.F.S. and/or 144 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	33	NW		NE		0.2
55N	04W	33	SW		NE		9

Total Acres = 9.2

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:

SOURCE DESCRIBED AS SUMP & SPRING.

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 ____ 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

Co-Trustee of Ralph E Larson & Inc D Larson 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 Dan Larson Date 12/17/22

Printed Name of Authorized Agent DANIEL W LARSON, Co-Trustee