

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: 96-4045
Date Received: 10/7/2022
Receipt No: **N041897**
Claim Fee: \$25.00
Received By: **SL**

RECEIVED

NOV 21 2022

IDWR / NORTH

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)

D LESTER TURNBULL REVOCABLE TRUST
3710 AMERICAN WAY
#118
MISSOULA MT 59808

Phone: (406) 546-8737

2. Date of Priority: 7/2/1933

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼
56N	02W	22	NE SE

Lot	County
	BONNER

Type

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 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
56N	02W	22	NE SE		

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:

P/U NOT LISTED, DESCRIPTION FROM AFFIDAVIT.

13. Basis of Claim: Statutory Claim

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: 0

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 D. LESTER TURNBULL REVOCABLE
Agents Title (please print) Name of Organization (please print) TRUST

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

Signature of Authorized Agent D. Lester Turnbull Date 11/16/22

Printed Name of Authorized Agent D. LESTER TURNBULL