

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 96-4050
Date Received: 5/1/2023
Receipt No: T116167

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SUSAN SELLE-SHELTON	2277 W. POLO GREEN AVE	POST FALLS	ID	UNITED STATES	83854
MICHAEL SELLE	1024 OLD HWY 97	BREWSTER	WA	UNITED STATES	98812
SHARI SELLE	4112 N. VERCLER	SPOKANE VALLEY	WA	UNITED STATES	99216
DENNIS SELLE	10918 203RD AVE	BONNEY LAKE	WA	UNITED STATES	98390
AMY KIMZEY	11 LAKESHORE DRIVE	HUDSON	MA	UNITED STATES	01749

2. Date of Priority:

Date	Explanation
6/20/1966	Water rights obtained by Gerald L. Kimzey and Kenneth J. Kimzey and J. D. Selle on priority date 6/20/1996. Property recently changed hands to Susan Selle-Shelton and Michael Selle and Shari Selle and Dennis Selle and Amy Kimzey.

3. Source:

Source	Tributary
UNNAMED STREAM	LAKE PEND OREILLE

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
57N	01W	27		SE	SE	BONNER		

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		Domestic

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	03/15	11/01

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.06		

Totals

CFS	AF	KW
0.06		

8. Place of Use:

Water Use	Total Claimed Acreage
-----------	-----------------------

DOMESTIC								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
57N	01W	27	SE	SE	BONNER	1		
57N	01W	26	NW	SW	BONNER	4		
57N	01W	27	NE	SE	BONNER	1		



9. **Remarks:**

10. **Other Water Rights:**

11. **Basis:**

Basis
Statutory Claim

12. **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 Water System 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 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: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name