

**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: 96-4146
Date Received: 2/23/2023
Receipt No: N042559
Claim Fee: \$51.00
Received By: ya

**RECEIVED
FEB 23 2023**

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

DWR / NORTH

1. Name of Claimant(s)

DAVID L TAYLOR
3970 DUFORT RD
SAGLE ID 83860-9095

Phone: (208) 265-8829

AND/OR

MIMI A TAYLOR
3970 DUFORT RD
SAGLE ID 83860

Phone: (208) 265-8829

2. Date of Priority: 8/1/1969

3. Source:
COCOLALLA CREEK

Trib. to:
PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	03W	27	NW SE		BONNER	

5. Description of diverting works:

PORTABLE PUMP IN THE CREEK WHEN NEEDED

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	4/15	10/15	0.03		

7. Total Quantity Appropriated is:

0.03 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
56N	03W	27	NE		SE		1

Total Acres = 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:

AS PER STATUTORY CLAIM 96-4146

13. Basis of Claim: Statutory Claim

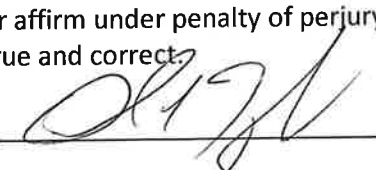
14. Signature(s)

(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 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: 2-23-23

Date: _____