

# 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  
**RECEIVED**

CIVIL CASE NUMBER: 69576

Claim ID: 96-4171Date Received: 5/24/23Receipt No: N843416Claim Fee: \$250 By: NS

MAY 24 2023

## 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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Dianne Van Lieu Phone ( )Mailing address PO Box 125 Sage-Talachee Zip 83840  
Street or Box City StateEmail address (optional) dee.vanlieu@gmail.com2. Date of priority: (Only one per claim) 1920 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ( ) or Other ( ☒ ) (a) Talachee Creek  
which is tributary to (b) Lake Rand Oreille4. Location of point of diversion is: Township 55N, Range 01W, Section 6SE 1/4 of SE 1/4, or Govt. Lot — BM, County of BonnerParcel no. RP 55N 01W 069403AAdditional points of diversion, if any: —If available, GPS coordinates: —

5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

gravity fed from Creek to House

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic purposes from Jan 1 to Dec 31 amount 0.09 cfs ( ☒ ) or AFY ( )  
For — purposes from — to — amount —7. Total quantity claimed 0.09 cfs ( ☒ ) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

Domestic 1 Home

9. Location of place of use is: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_,  
\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. same  
If different than shown in Item 4  
for (check one) **Domestic** ( ) **Stock** ( ) **Domestic and Stock** ( )

Additional places of use, if any NONE

10. In which county(ies) are lands listed above as place of use located? Banner

11. Do you own the property listed above as place of use? Yes ( ☒ ) No ( )  
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.  
\_\_\_\_\_ or None ( ☒ )

13. Remarks (include an explanation of the priority date selected):  
year Home was Built

14. Basis of claim (check one) **Beneficial Use** ( ☒ ) **Posted Notice** ( ) **License** ( ) **Permit** ( ) **Decree** ( )  
Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_  
If applicable provide IDWR Water Right Number 96-4171

15. **Signature(s)**  
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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) Deanne Van Lier Date: May 18, 2023  
\_\_\_\_\_  
Date: \_\_\_\_\_

**For Organizations:** I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

\_\_\_\_\_  
Agent's title (Please print) of \_\_\_\_\_ Name of organization (Please print)  
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Authorized Agent \_\_\_\_\_

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) \_\_\_\_\_, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Name of claimant(s) \_\_\_\_\_ Claim ID \_\_\_\_\_