

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

RECEIVED

APR 17 2023

IDWR / NORTH

Ident. Number: 96-4411
Date Received: 4/11/2023
Receipt No: N043105
Claim Fee: 25.00
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MARTINA REICHOW-SANDERS
17113 N WRANGLER RD
RATHDRUM ID 83858

Phone: (208) 661-1870

AND

ALBERT SANDERS
17113 N WRANGLER RD
RATHDRUM ID 83858

Phone: (208) 755-4958

AND

CHARESSE MOORE
17113 N WRANGLER RD
RATHDRUM ID 83858

Phone: (208) 255-6060

2. Date of Priority: 7/17/1977

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
56N	03W	31	NE SE		BONNER	

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:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	03W	31	NE		SE		

10. Do you own the property listed above as place of use? No

If your answer is no, describe in remarks below the authority you have to claim this water right.

Owner of the Property.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

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: _____

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): Chausse Moore Date: 4/12/2023

_____ Date: _____