

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: 96-4436
Date Received: 12/6/2022
Receipt No: N041968
Claim Fee: \$51.00
Received By: NS

RECEIVED

DEC 06 2022

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

DWR / NORTH

1. Name of Claimant(s)

STEPHEN BARNHART TRUST
485 KRIPPLED CREEK RD
ATHOL ID 83801

Phone: (208) 597-5199

2. Date of Priority: 4/1/1941

3. Source:

SPRING THREE SISTERS CREEK

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
54N	02W	15	NE NW		BONNER	

5. Description of diverting works:

PUMP AND PIPE TO HOME.

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		
IRRIGATION	5/01	9/30	0.02		
STOCKWATER	1/01	12/31	0.004		

7. Total Quantity Appropriated is:

0.064 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	02W	15	NE		NW		

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	02W	15	NE		NW		1

Total Acres = 1

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	02W	15	NE		NW		

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:

SEE STATUTORY CLAIM 96-4436

CLAIM INCORRECTLY SHOWS SPRING TRIB. TO CAREYWOOD OR COCOLALLA CREEKS.

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 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 Stephen BARNhart trust
Agents Title (please print) Name of Organization (please print)

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

Signature of Authorized Agent Steve Barnhart Date 12/6/22

Printed Name of Authorized Agent Steve BARNhart