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 96-4448
Date Received: 2/15/2023
Receipt No: T115316

1. **Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
DAVID GUINNEE	2270 HOODOO MOUNTAIN RD	PRIEST RIVER	ID	USA	83856
LESLIE GUINNEE	2270 HOODOO MTN. RD.	PRIEST RIVER	ID	USA	83856

2. **Date of Priority:**

Date	Explanation
6/1/1963	As per statutory claim 96-4448

3. **Source:**

Source	Tributary
UNNAMED STREAM	SINKS

4. **Point of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
55N	04W	29		NW	NW	BONNER		

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

Water Use	Number Of Homes	Stock	Description
AESTHETIC			asthetic
IRRIGATION			

6. **Season(s) of Use:**

Water Use	From Month/Day	To Month/Day
AESTHETIC	1/01	12/31
IRRIGATION	3/15	11/15

7. **Quantity:**

Water Use	CFS	AF	KW
AESTHETIC		1.00	
IRRIGATION	0.09		

Totals

CFS	AF	KW
0.03	1.00	

8. **Place of Use:**

Water Use	Total Claimed Acreage
IRRIGATION	3.00

AESTHETIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
55N	04W	29	NW	NW	BONNER		
55N	04W	30	NE	NE	BONNER		
IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
55N	04W	29	NW	NW	BONNER		3.00

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

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