

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: 96-4463
Date Received: 10/26/2022
Receipt No: N041811
Claim Fee: \$51.⁰⁰
Received By: Ja

RECEIVED

NOV 08 2022

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR / NORTH

1. Name of Claimant(s)

DONNA KEOUGH

~~PO BOX 233~~

~~HOPE ID 83836~~

3508 RAPID LIGHTNING RD
SANDPOINT, ID 83864

Phone: (208) 265-1512

2. Date of Priority: 6/1/1968

3. Source:

UNNAMED STREAM

Trib. to:

RAPID LIGHTNING CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	01E	18	SE NE		BONNER	

5. Description of diverting works: SPRING PIPED 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	4/01	12/01	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses: DOMESTIC - 1 HOUSEHOLD

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	01E	18	NE		SE		1

Total Acres = 1

DOMESTIC same as IRRIGATION

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: NONE

12. Remarks:

Priority Date Explanation: 6/1/1968 PER WATER RIGHT LICENSE 96-4463

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: 0

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):

Donna L. Keough

Date: 10/26/22

Date: _____