

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: 96-7275
Date Received: 4/6/2023 4/14/23
Receipt No: NS 43082
Claim Fee: \$53.00
Received By: NS

RECEIVED

APR 14 2023

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

FRANCES ROBERSON
9215 BOTTLE BAY RD
SAGLE ID 83860

Phone: (208) 255-4010

2. Date of Priority: 4/23/1974

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	01W	3	SE SW		BONNER	

5. Description of diverting works:

WELL WITH PUMP AND PIPE TO PLACE OF USE.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.08		1.2
IRRIGATION	3/15	11/15	0.09		9
STOCKWATER	1/01	12/31	0.02		0.4

7. Total Quantity Appropriated is:

0.19 C.F.S. and/or 10.6 A.F.A.

8. Non-irrigation uses:

STOCKWATER USE FOR MIXED STOCK
DOMESTIC USE FOR 2 HOMES

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	3	NE		SW		
56N	01W	3	SE		SW		

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	3	NE		SW		2.3
56N	01W	3	SE		SW		0.7

Total Acres = 3

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	3	NE		SW		
56N	01W	3	SE		SW		

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:

AS PER LICENSE 96-7275

2 P/D IN SESW, S3, T56N, 1W.

13. Basis of Claim: License

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 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): Frances L Roberson Date: 4-11-23

Date: _____

Return copies
to →

