

**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: 96-7303
Date Received: 7-14-23
Receipt No: N043844
Claim Fee: \$111.00
Received By: Ja

RECEIVED

JUL 14 2023

JWR / NORTH

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

SOLAR ACRES WATER ASSOCIATION, LLC
1385 BUCKLES AVE
HAYDEN ID 83835

Phone: (208) 755-9732

2. Date of Priority: 8/15/1974

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	06W	36	NW NE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
MUNICIPAL	01/01	12/31	0.61		54.4

7. Total Quantity Appropriated is:

0.61 C.F.S. and/or 54.4 A.F.A.

8. Non-irrigation uses:

9. Place of use:

MUNICIPAL within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	06W	36	NW		NE		

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:

Place of use also known as Solar Acres Water System.

Domestic use is for 34 homes.

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 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

Member	of	Solar Acres Water Association, LLC
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 [Signature] Date 6/19/2003

Printed Name of Authorized Agent Joshua Suhr