

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

RECEIVED

OCT 27 2022

IDWR / NORTH

CIVIL CASE NUMBER: 69576

Claim ID: 96-14211 96-7723

Date Received: 10-27-22

Receipt No: NO411671

Claim Fee: 250 By: jer

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) BOAS 2018 TRUST AND PETER BOAS (TRUSTEES) Phone (530) 320-2171
Mailing address 765 USFS ROAD 280 SANDPOINT ID Zip 83864
Street or Box City State
Email address (optional) PJBBOAS@GMAIL.COM
- Date of priority: (Only one per claim) JUNE 5, 1990 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (X) (a) UNNAMED STREAM
which is tributary to (b) GROUSE CREEK
- Location of point of diversion is: Township 59N, Range 1 EAST, Section 19,
SE 1/4 of SE 1/4, or Govt. Lot BM, County of BONNER;
Parcel no. RP59N01E196600A
Additional points of diversion, if any:
If available, GPS coordinates:
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
WATER IS DIVERTED SEASONALLY - CREEK IS DAMMED WITH BOARDS AND ROCKS
TO MAKE POND FOR DOMESTIC USE. WATER DIVERTED THRU 3/4 IN PIPE TO WATER GARDEN/ ORCHARD
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 5/1 Month/Day to 10/31 Month/Day amount 1.02 cfs (X) or AFY ()
For purposes from to amount
- Total quantity claimed 1.02 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC - GARDEN AND FRUIT TREES, SMALL POND

9. Location of place of use is: Township 59N, Range 1 EAST, Section 19

SE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. _____

If different than shown in Item 4

for (check one) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? BONNER

11. Do you own the property listed above as place of use? Yes (☒) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (☒)

13. Remarks (include an explanation of the priority date selected): WE PURCHASED THIS PROPERTY IN 1979 AND MY LAND CONTRACT LISTED MY PROPERTY DESCRIPTION "WITH ALL WATER RIGHTS THEREON." I ASSUMED WATER RIGHTS HAD BEEN RECORDED. WE HAVE SUMMERED HERE EVERY YEAR SINCE 1990 MAKING BENEFICIAL USE OF THE STREAM - WE HAVE LIVED HERE FULLTIME SINCE 2010 AND ARE USING THIS WATER FOR GARDENING OUR LOWER

PASTURE AREA.

14. Basis of claim (check one) Beneficial Use (☒) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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, and that I have signed the foregoing document in the space below as the

TRUSTEES of BOAS 2018 TRUST
Agent's 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 Peter Boas Lorel Boas Date 10/24/2022

Printed Name of Authorized Agent PETER BOAS LOREL BOAS

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____