

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: 96-7817

Date Received: 8/15/2023

Receipt No:

Claim Fee:

Received By:

N843948
\$51.00
NS

RECEIVED

AUG 15 2023

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JOHN FURTMANN LIVING TRUST
C/O JOHN FURTMANN
7599 E RIDGECREST RD
CAVE CREEK AZ 85331

Phone: (602) 763-5147

2. Date of Priority: 8/23/1979

3. Source:

RAPID LIGHTNING CREEK

Trib. to:

PACK RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	01E	17	SW NW		BONNER	

5. Description of diverting works:

PUMP IN CREEK WITH WATER LINE TO DOMESTIC AND STOCKWATER IRRIGATION SYSTEM.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	10/31	0.02		3.5

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 3.5 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	01E	17	SW		NW		1

Total Acres = 1

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:
SEE LICENSE 96-7817.

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.

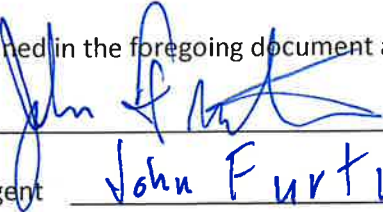
Number of attachments: _____

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

Trustee of John Furtmann Living Trust
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  Date 8/15/2023
Printed Name of Authorized Agent John Furtmann