

**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: 96-8117
Date Received: 1/13/2023
Receipt No: 1042263
Claim Fee: \$51.00
Received By: fla

RECEIVED

JAN 13 2023

BONNER / NORTH

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

1. Name of Claimant(s)

MOLLY BECK
1613 S CRESTHILL DR
SPOKANE WA 99203

Phone: (206) 660-9135

2. Date of Priority: 10/12/1982

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
57N	03W	36	NE SW	4	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	0.02		1.2
IRRIGATION	4/01	11/01	0.02		6

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 4.2 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR 2 HOMES

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	03W	36	NE		SW	4	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	03W	36	NE		SW	4	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:

AS PER LICENSE 96-8117

This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for irrigation of the lands above.

Domestic use is for 2 homes.

13. Basis of Claim: License

14. Signature(s)

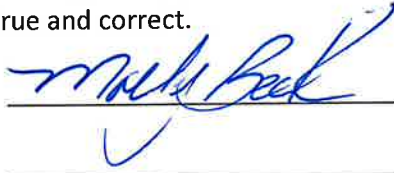
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For 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:

1/13/23

Date: