

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 97-7417

Date Received: 6/30/2022

Receipt No: T113311

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JD LUMBER, INC.	P.O. BOX 55	PRIEST RIVER	ID	USA	83856

2. Date of Priority:

Date	Explanation
10/16/2001	

3. Source:

Source	Tributary
SANBORN CREEK	PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
56N	04W	3		NE	SW	BONNER		

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
RECREATION STORAGE			Storage for recreational use of the pond
WILDLIFE STORAGE			Water storage for use by wildlife
FIRE PROTECTION			Water stored for fire protection use of forestland and structures

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
RECREATION STORAGE	01/01	12/31
WILDLIFE STORAGE	01/01	12/31
FIRE PROTECTION	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
RECREATION STORAGE		52.40	
WILDLIFE STORAGE		52.40	
FIRE PROTECTION		52.40	

Totals

CFS	AF	KW
	52.40	

8. Place of Use:

Water Use	Total Claimed Acreage
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RECREATION STORAGE								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
56N	04W	3	SE	SW	BONNER			
56N	04W	3	NE	SW	BONNER			
WILDLIFE STORAGE								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
56N	04W	3	SE	SW	BONNER			
56N	04W	3	NE	SW	BONNER			
FIRE PROTECTION								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
56N	04W	3	SE	SW	BONNER			
56N	04W	3	NE	SW	BONNER			



9. **Remarks:**

10. **Other Water Rights:**

Domestic use of water for a nearby cabin

11. **Basis:**

Basis
License

12. **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 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

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name