

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 97-7543

Date Received: 6/28/2022

Receipt No: T113305

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
KALISPEL TRIBE OF INDIANS	934 S GARFIELD RD	AIRWAY HEIGHTS	ID	USA	99001

2. Date of Priority:

Date	Explanation
6/19/1974	

3. Source:

Source	Tributary
GOOSE CREEK	UPPER WEST BRANCH PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
59N	05W	22		NW	SW	BONNER		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	06/01	10/15

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.52	140.00	

Totals

CFS	AF	KW
0.52	140.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	110.00

IRRIGATION								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
59N	05W	21	SE	SE	BONNER		17.00	
59N	05W	22	NE	SW	BONNER		30.00	
59N	05W	22	NW	SW	BONNER		3.00	
59N	05W	22	SW	SW	BONNER		30.00	
59N	05W	22	SE	SW	BONNER		20.00	
59N	05W	28	NE	NE	BONNER		10.00	

 Place of Use Map

9. Remarks:

10. Other Water Rights:

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

Christine Mellick, IDBA# 10548
Attorney for the Kalispel Tribe of Indians
934 S. Garfield Rd.
Airway Heights, WA 99001
Phone: (509) 789-7605
Fax: (509) 789-7609
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IN THE DISTRICT COURT FOR THE FIFTH JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In re: The General Adjudication of Rights to
Use of Water from the Clark Fork-Pend
Oreille River Basins Water System.

Civil No. 00-69576

Claim ID: 97-7543 (1312)

NOTICE IS HEREBY GIVEN that Christine Mellick, Staff Attorney Kalispel Tribe of
Indians, hereby enters an appearance in this matter on behalf of the Kalispel Tribe of
Indians, and requests that all further pleadings be served upon the undersigned at the
address below stated.

DATED this 30th day of June, 2022.

/s/ Christine Mellick

Christine Mellick, IDBA# 10548
Kalispel Tribe of Indians
934 S. Garfield Rd.
Airway Heights, WA 99001
Phone: (509) 789-7605
Fax: (509) 789-7609
Email: cmellick@kalispeltribe.com

CERTIFICATE OF SERVICE

I certify that on June 30th, 2022 I served a copy to:

Northern Region
Idaho Department of Water Resources
7600 Mineral Dr Ste. 100
Coeur d'alene, ID 83815

By Mail

/s/ Christine Mellick

Christine Mellick, IDBA# 10548
Kalispel Tribe of Indians
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