

SCANNED
DEC 23 2024

AFFIDAVIT
(SWORN STATEMENT)

RECEIVED
DEC 23 2024
DEPARTMENT OF
WATER RESOURCES

Date: December 9th, 2024

My legal name is Peggy Mason ("Affiant") and acknowledge I am:

- Age: 44
- Address: P.O. Box 1470, Belgrade, MT 59714
- Residency: _____

Being duly sworn, hereby swear under oath that:

Use of this well began August 1, 2023. This use started as a hydrant to my camper while in the process of building my home.

Claim # 95-18596

Under penalty of perjury, I hereby declare and affirm that the above-mentioned statement is, to the best of my knowledge, true and correct.

Affiant's Signature: Peggy Mason Date: 12-16-24

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Montana
County of Gallatin

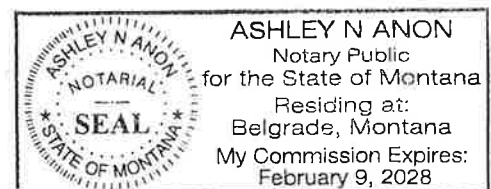
Ashley Anon

On December 16, 2024 before me, Peggy Mason, personally appeared Peggy Mason who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Montana that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Ashley Anon (Seal)





IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Director Mathew Weaver

Governor Brad Little

December 2, 2024

PEGGY MASON
PO BOX 1470
BELGRADE MT 59714

Re: Evidence of Priority Date
Claim number(s): 95-18596



Dear Claimant:

The Notice of Claim to a Water Right (claim) identified with the number shown below your name has been filed in the Coeur d'Alene-Spokane River Basin Adjudication (CSRBA). The claim indicates water usage is based on "Beneficial Use" or a "Statutory Claim." Water rights of this type are established by the historic use of water, dating back to when water was first used for the purpose claimed, and are termed beneficial use rights. The date of first use, known as the priority date, has not been confirmed by a License, Decree or Permit. Since the priority date and historic use of a beneficial use right cannot be confirmed by field examination, proof must be provided by the claimant supporting the priority date claimed and the historic use of the water.

If you no longer own the property to which the claim is appurtenant, please forward this correspondence to the present owner, or return it to Idaho Department of Water Resources (IDWR). If you have received this correspondence from the previous owner of the property it is recommended that you file a Change of Ownership form with IDWR in order to receive future mailings and to participate in the adjudication.

Enclosed you will find the pamphlet entitled "Evidence of Priority." The pamphlet describes the types of evidence required and suggests which documents will fulfill this requirement.

PLEASE NOTE: IDWR will recommend the NIA Court decree the claim as disallowed, based on available evidence, if no additional evidence of the priority date and of the historic use is submitted. It will be to your advantage to provide clear and convincing evidence. If you choose to submit statements from individuals as evidence, the statement should be in the form of a notarized affidavit.

Please submit the required evidence supporting the priority date and the historic use by the date shown above, referencing all documents with the corresponding claim number. Please do not hesitate to contact this office if you have any questions or concerns.

Sincerely,



Scott Luvaas
Idaho Dept. of Water Resources
Water Resource Agent, Sr.
Scott.Luvaas@idwr.idaho.gov
208-287-4813

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 COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

COPY

Ident. Number: 95-18596
Date Received: 8/30/2024
Receipt No: C119487
Claim Fee: \$25.00
Received By: _____

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

1. Name of Claimant(s)

PEGGY MASON
PO BOX 1470
BELGRADE MT 59714

Phone: (406) 220-2271

2. Date of Priority: 8/1/2023

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
48N	03W	6	SW SW	7	KOOTENAI	

5. Description of diverting works:

Well with pump to home.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

1 home

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼ of ¼	Lot	Acres
48N	03W	6	SW SW	7	

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:

13. Basis of Claim: Beneficial Use

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 COEUR D'ALENE-SPOKANE River Basin 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: _____

COPY