

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 96-8137

Date Received: 3/12/2023

Receipt No: T115538

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LADYHAWK WATER ASSOCIATION INC.	6126 WEST PIAFFE COURT	EAGLE	ID	USA	83616

2. Date of Priority:

Date	Explanation
2/4/1983	Well drilled in 1979, all units active on well in 1983.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
57N	03W	26		NE	SE	BONNER		

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	8		Domestic household use in 4 duplex buildings, with each building watering less than a 1/4 acre of lawn and garden per lot.
IRRIGATION STORAGE			Irrigation.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31
IRRIGATION STORAGE	03/15	11/15

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC		4.80	
IRRIGATION STORAGE		6.00	

Totals

CFS	AF	KW
	10.80	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION STORAGE	2.20

DOMESTIC								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
57N	03W	26	NE	SE	BONNER			
IRRIGATION STORAGE								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
57N	03W	26	NE	SE	BONNER			



9. **Remarks:**

Ladyhawk Water Association Inc. is an association with mandatory membership, via recorded covenants, for each owner within the point of diversion and usage lots.

10. **Other Water Rights:**

None.

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