

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: 96-8192
Date Received: 6/12/2023
Receipt No: N043660
Claim Fee: 25.00
Received By: NS

RECEIVED

JUN 20 2023

IDWR / NORTH

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)

DAVID A WALLACE
1963 COCOLALLA LP RD
COCOLALLA ID 83813

Phone: (208) 946-3008

AND/OR

JANA L WALLACE
1963 COCOLALLA LP RD
COCOLALLA ID 83813

Phone: ~~(208) 946-3008~~

(208) 610-7781

(208) 610-9547

2. Date of Priority: 7/4/1983

3. Source:

COCOLALLA LAKE

Trib. to:

COCOLALLA CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	02W	7	NE SW	5	BONNER	

5. Description of diverting works:

INTAKE PIPE IN LAKE 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	0.04		1.2

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	02W	7	NE		SW	5	

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:
SEE LICENSE 96-8192.

Domestic use is for 1 home.

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): David A. Wallace Date: 6-16-23
Jana L. Wallace Date: 6-16-23