

**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: 96-8212
Date Received: 9/15/2022
Receipt No: N041169
Claim Fee: \$53.00
Received By: [Signature]

RECEIVED

SEP 15 2022

IDWR / NORTH

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

SECLUDED ACRES ESTATES WATER ASSN
PO BOX 921
PRIEST RIVER ID 83856

Phone: (208) 946-1502

2. Date of Priority: 6/1/1983

3. Source:

GROUND WATER
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	04W	4	SE SE		BONNER	
55N	04W	4	SE SE		BONNER	

5. Description of diverting works:

2 WELLS PIPED TO CISTERNS WHICH ARE THEN PIPED TO HOMES. SECOND WELL WAS DRILLED AND ADDED TO THE SYSTEM PRIOR TO 2006 THROUGH AN ACCOMPLISHED TRANSFER.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.03		7.2

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or 7.2 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR 6 HOMES

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	04W	4	SE		SE		

10. Do you own the property listed above as place of use? No

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: 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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

PRESIDENT of SELUDED ACRES WATER ASSOC.
Agents Title (please print) Name of Organization (please print)

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

Signature of Authorized Agent Tina Maltba Date 9-15-22

Printed Name of Authorized Agent TINA MALTBÄ