

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

RECEIVED

JUL 13 2023

IDWR / NORTH

Ident. Number: 96-8356  
Date Received: 7/13/23  
Receipt No: N043834  
Claim Fee: \$25.00  
Received By: NS

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

SUSAN K DOW  
PO BOX 102  
SPIRIT LAKE ID 83869

Phone: 208-659-4842

WALLACE S DOW  
PO BOX 102  
SPIRIT LAKE ID 83869

Phone: 208-659-4842

2. Date of Priority: 7/20/1983

3. Source:  
GROUND WATER

Trib. to:

4. Point of Diversion:

| Township | Range | Section | ¼ of ¼ of ¼ | Lot | County | Type |
|----------|-------|---------|-------------|-----|--------|------|
| 55N      | 04W   | 35      | SW NW       |     | BONNER |      |

5. Description of diverting works:

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:

9. Place of use:

DOMESTIC within BONNER County

| Township | Range | Section | ¼  | of | ¼  | Lot | Acres |
|----------|-------|---------|----|----|----|-----|-------|
| 55N      | 04W   | 35      | SW |    | NW |     |       |

10. Do you own the property listed above as place of use? ~~No~~ **YES**  
If your answer is no, describe in remarks below the authority you have to claim this water right.

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11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

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):

Wallace S. Dow

Date:

7/10/2023

Susan K. Dow

Date:

7/10/2023