

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: ~~96-12757~~
Date Received: 9/22/2022
Receipt No: T114049
Claim Fee:
Received By: _____

96-8528

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

AUDREY BUCK
2671 LOWER PACK RIVER RD
SANDPOINT ID 83864

Phone:

2. Date of Priority: ~~6/30/2022~~ 7/5/1988

3. Source:

PACK RIVER

Trib. to:

PEND OREILLE LAKE

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	01W	24	SE SW		BONNER	

5. Description of diverting works:

Small Water Pump

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	~~6/303/1510/1~~	11/15	0.11		15.0

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Pasture irrigation

96-12757

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SCANNED

OCT 12 2022

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	01W	24	SE		SW		3.6 5

Total Acres = 3.6 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:

Based on license 96-8528

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 CLARK FORK-PEND OREILLE 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): Audrey Buck Date: _____

Date: _____