

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: 96-8713

Date Received: 12/13/2022

Receipt No: N042048

Claim Fee: \$6000

Received By: Ja

RECEIVED

DEC 13 2022

NR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

GARFIELD VILLAS HOMEOWNERS ASSN
PO BOX 1053
SAGLE ID 83860

Phone: (208) 265-5830

2. Date of Priority: 8/26/1992

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼
56N	01W	21	SW SE

Lot	County
	BONNER

Type

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.1		3.6

7. Total Quantity Appropriated is:

0.1 C.F.S. and/or 3.6 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
56N	01W	21	SW		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.

WE ARE A COMMUNITY WATER DELIVERY ORGANIZATION SERVING THE PROPERTIES WITHIN OUR SERVICE AREA.

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 Garfield Villas HOA
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 James E. Shelledy Date 12/13/22
Printed Name of Authorized Agent JAMES E. Shelledy