

**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: 96-8860
Date Received: 1/4/2023
Receipt No: NC42185
Claim Fee: \$56.00
Received By: Ja

RECEIVED

JAN 04 2023

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

DWR / NORTH

1. Name of Claimant(s)

SUNRISE TERRACE HOMEOWNERS ASSOC INC
C/O NELS TRYGSTAD
123 SUNRISE CIR
SAGLE ID 83860

Phone: (208) 262-6884

2. Date of Priority: 3/29/1995

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	02W	3	SE SE		BONNER	

5. Description of diverting works:

SEE LICENSE 96-8860. PERIODIC MAINTENANCE HAS BEEN PERFORMED.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.06		25.2

7. Total Quantity Appropriated is:

0.06 C.F.S. and/or 25.2 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR 21 HOMES IN SUNRISE TERRACE SUBDIVISION.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	02W	3	SW		SE		
56N	02W	3	SE		SE		

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 96-8860

Place of use is located within Lots 1-16 and 18, Blk. 1 and Lots 1-4, Blk. 2, Sunrise Terrace Subdivision. Domestic use is for 21 homes.

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

NELS TRYGSTAD, H.O.A. REP. of SUNRISE TERRACE H.O.A.
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 [Signature] Date 1/4/23

Printed Name of Authorized Agent NELS TRYGSTAD