

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

OCT 14 2022

IDWR/NORTH

Ident. Number: 96-8990

Date Received: 10/5/2022

Receipt No: **N041473**

Claim Fee: \$25.00

Received By: *Jan*

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

1. Name of Claimant(s)

CATHARINE LEE
PO BOX 264
LACLEDE ID 83856

Phone: (208) 610-6688

2. Date of Priority: 4/28/1998

3. Source:

PEND OREILLE RIVER

Trib. to:

COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
56N	03W	31	NW NW	3	BONNER	

5. Description of diverting works:

pipe in river to pump house, sprinklers

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.03		3

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or 3 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	03W	31	NW		NW	3	1

Total Acres = 1

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:

PRIORITY DATE BASED ON LICENSE

Water shall not be diverted under this right when flows in the Pend Oreille River are below established minimum stream flows.

This right when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the lands above.

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): Catharine H. Lee Date: 10-8-2022

Date: _____