

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

APR 17 2023

IDWR / NORTH

Ident. Number: 96-9198
Date Received: ~~10/5/2022~~ 4-17-2023
Receipt No: N043097
Claim Fee: \$25.00
Received By: sb

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

STEVE MIX
15548 BALDY MOUNTAIN RD
SANDPOINT ID 83864

Phone: (208) 290-1561

2. Date of Priority: 5/14/2004

3. Source:

SPRING UNNAMED CREEK

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	03W	10	SE NE SE		BONNER	

5. Description of diverting works:

225 ft of 4 inch schedule 40 pipe to 1400 gallon holding tank, gravity feed to house with 200 1-1/4 inch psi pipe.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.01		1.2

7. Total Quantity Appropriated is:

0.01 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
57N	03W	10	NE		SE		7.5

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:

PRIORITY DATE BASED ON LICENSE

The irrigation occurring under this domestic use shall not exceed 1/2 acre.

Domestic use is for 1 home.

This right does not grant any right-of-way or easement across the land of another.

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): Stu [Signature] Date: 4/13/23

Date: _____