

**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 05 2023

IDWR / NORTH

Ident. Number: 96-9232

Date Received: 4-5-23

Receipt No: NO42924

Claim Fee: \$75.00

Received By: [Signature]

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

1. Name of Claimant(s)

GATES TRUST
C/O DAVID W GATES
10675 LAKESHORE DR
SAGLE ID 83860-8772

Phone: (208) 217-5142

2. Date of Priority: 12/31/1955

3. Source:

PEND OREILLE RIVER
PEND OREILLE RIVER

Trib. to:

COLUMBIA RIVER
COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	03W	16	NE SE		BONNER	
56N	03W	16	SE SE		BONNER	

5. Description of diverting works:

1-1/2 inch inlet and 1-1/2 inch outlet. Pumps over water.
1-1/2 inch inlet and 1-1/2 inch outlet. Pumps over water.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.5		

7. Total Quantity Appropriated is:

0.5 C.F.S. and/or 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	16	SW		SE		1
56N	03W	16	SE		SE		21
56N	03W	16	NE		SE		3

Total Acres = 25

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:

13. Basis of Claim: Statutory Claim

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 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

Trustee of Dard W. Sater
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 Dard W. Sater Date 4-5-23

Printed Name of Authorized Agent _____