

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: 96-9317
Date Received: 5/3/2023 7113/21
Receipt No: NØ43828
Claim Fee: \$63.00
Received By: NS

RECEIVED

JUL 13 2023

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR / NORTH

1. Name of Claimant(s)

JOS SOUTH SHORE AT GARFIELD BAY OWNERS
14740 LITTLE SPRINGS RD
LAS VEGAS NV 89161

Phone: (702) 379-4853

2. Date of Priority: 2/14/2007

3. Source:

GROUND WATER
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	01W	21	SE NE	1	BONNER	
56N	01W	21	SE NE	1	BONNER	

5. Description of diverting works:

WELL PUMP AND DELIVERY SYSTEM

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.13		9.6

7. Total Quantity Appropriated is:

0.13 C.F.S. and/or 9.6 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR 8 HOMES

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	21	SW		NE		
56N	01W	21	SE		NE	1	
56N	01W	21	NE		SE	2	

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.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

Place of use is located within Lots 1-5, Lots 7-8, and Utility Lot; Jo's South Shore at Garfield Bay Subdivision.

The two points of diversions are located within the Well Lot of Jo's South Shore at Garfield Bay Subdivision.

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

Pharmacy Member of To's South Side of Cumberland Bay
Agents Title (please print) Name of Organization (please print)
OWNER

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent [Signature] Date 7/13/2023

Printed Name of Authorized Agent ROBERT S. DAVIDSON