

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: 96-9393
Date Received: 1-30-2023
Receipt No: N042394
Claim Fee: \$67.00
Received By: DL

RECEIVED
JAN 30 2023
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

BARBARA HYDE LIVING TRUST
1797 KENDALL RD
PRIEST RIVER ID 83856

Phone: (208) 263-4710

2. Date of Priority: 10/22/1951

3. Source:

HOODOO CREEK
HOODOO CREEK

Trib. to:

PEND OREILLE RIVER
PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	04W	14	NW SE		BONNER	
55N	04W	14	SW SE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.12		

7. Total Quantity Appropriated is:

0.12 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
55N	04W	14	NE		SE		0.5
55N	04W	14	NW		SE		1.6
55N	04W	14	SW		SE		13.4
55N	04W	14	SE		SE		1

Total Acres = 16.5

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:

AS PER LICENSE 96-9393. P/D in various points of W1/2 SE1/4, S14, T55N, R04W.

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 ~~to~~ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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

_____ of _____
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 Barbara L Hyde Date 1/26/2023

Printed Name of Authorized Agent Barbara L Hyde

BARBARA HYDE LIVING TRUST

2021 AERIAL PHOTO

