

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

MAY 01 2023

11/15/2023 / NORTH

Ident. Number: 96-9445
Date Received: 5/11/23
Receipt No: N843246
Claim Fee: \$25.00
Received By: NS

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)

MITROVICH TRUST
C/O TIMOTHY M MITROVICH
13703 N RIVER BLUFF LN
SPOKANE WA 99208

Phone: (509) 944-5480

2. Date of Priority: 9/28/2009

3. Source:

PEND OREILLE LAKE

Trib. to:

PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	01E	8	NW NW	1	BONNER	

5. Description of diverting works:

1.5 HP PUMP 60 FEET UP HILL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		1.2

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01E	8	NW		NW	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:

AS PER LICENSE 96-9445

This right does not grant any right-of-way or easement across the land of another. A fish screen of 1/4 inch or smaller mesh shall be installed and maintained at the point of diversion. Domestic use is for 1 home. The irrigation occurring under this domestic use shall not exceed 1/2 acre.

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 ☒ 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 NITROVICH TRUST
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 [Signature] Date 5/1/23

Printed Name of Authorized Agent TIMOTHY N. NITROVICH