

**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: 96-9446
Date Received: 12/2/2022
Receipt No: N042070
Claim Fee: \$25.00
Received By: NS

RECEIVED

DEC 15 2022

IDWR / NOTICE

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

1. Name of Claimant(s)

ABBOTT FAMILY TRUST
45 ELLIOT PT RD
SAGLE ID 83860

Phone: (575) 439-5240

2. Date of Priority: 9/29/2009

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	17	NE SW	3	BONNER	

5. Description of diverting works:

0.75 HP PUMP

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:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01E	17	NE		SW	3	

10. Do you own the property listed above as place of use? ~~No~~ Yes!
If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used: None

12. Remarks:

Priority Date Explanation:

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

Domestic use is for 1 home.

A fish screen of 1/4 inch or smaller mesh shall be installed and maintained at the point of diversion.

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 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 _____ Date _____

Printed Name of Authorized Agent _____