

**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: 96-9471
Date Received: 4/4/2023
Receipt No: N042898
Claim Fee: \$25.00
Received By: JH

RECEIVED

APR 04 2023

IDWR / NORTH

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

1. Name of Claimant(s)

BILL LAWSON
621 W MALLON AVE STE 509
SPOKANE WA 99201-2181

Phone: (509) 624-1170

2. Date of Priority: 11/15/2010

3. Source:
PEND OREILLE RIVER

Trib. to:
COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
56N	03W	9	NW SE	5	BONNER	

5. Description of diverting works:

2 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		0.6

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 0.6 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	03W	9	NW		SE	5	

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 Bk 2, Lots 25 and 26 of the Evergreen Subdivision.

This right does not grant any right-of-way or easement across the land of another.

Domestic use is for 1 home and not for in-house use.

A fish screen of 0.25 inch or smaller mesh shall be installed and maintained at the point of diversion.

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

13. Basis of Claim: License

14. Signature(s)

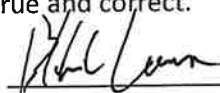
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):



Date:

4/4/23

Date: