



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
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Governor Brad Little

Director Gary Spackman

November 15, 2022

MARK WATSON & REBECCA REVAK
105 VERMEER DR UNIT 2 STE 170
PONDERAY ID 83852-9802

Dear Mr. Watson & Ms. Revak,

As per our phone conversation yesterday, I am sending you three Notice of Claim to a Water Right forms, which can be utilized to claim the water uses on your properties. For your convenience, I completed much of the claim forms for you, utilizing all the information we discussed during our call and from the existing licenses and statutory claim. If any changes are made, please be sure to initial those changes before signing the claim form. After your review, please return the signed claim forms along with the required \$129 filing fee (\$52.00 per license claim and \$25.00 for the statutory claim) to our office at the address listed above.

Please do not hesitate to contact our office if you have any questions or concerns. We can be reached by phone during business hours at 208-762-2800.

Best Regards,

Chace Bell
Sr. Water Resource Agent
Northern Regional Office
208-762-2802

Enclosures: Notice of Claim to a Water Right form for Claim Nos. 96-4095, 96-9587 & 96-9588, How You Will Receive Notices in the Clark Fork-Pend Oreille River Basin Adjudication

**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: 96-9587
Date Received: 11/15/2022
Receipt No:
Claim Fee:
Received By: _____

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

1. Name of Claimant(s)

MARK WATSON
105 VERMEER DR UNIT 2 STE 170
PONDERAY ID 83852-9802

Phone: (208) 265-9098

AND/OR

REBECCA REVAK
105 VERMEER DR UNIT 2 STE 170
PONDERAY ID 83852-9802

Phone: (208) 265-9098

2. Date of Priority: 8/19/2015

3. Source:

SPRING SINKS
SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	02W	26	SW NE SW		BONNER	
58N	02W	26	SE NE SW		BONNER	

5. Description of diverting works:

DEVELOPED SPRING W GRAVITY FLOW TO POU
DEVELOPED SPRING WITH GRAVITY FLOW TO POU

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		1.2
IRRIGATION	04/01	10/31	0.02		5.4
STOCKWATER	01/01	12/31	0.02		0.1

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 6.7 A.F.A.

8. Non-irrigation uses:

STOCKWATER USE
DOMESTIC USE FOR 2 HOMES

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	02W	26	SW		SE		

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	02W	26	SW		SE		1.799
							9999
							5231
							6284
							2

Total Acres = 1.79999995231628

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	02W	26	SW		SE		

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:

96-4095

12. Remarks:

Priority Date Explanation:
SEE LICENSE 96-9587.

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

This right when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the place of use.

Domestic use is for 2 homes. Irrigation of lawn, garden and landscaping associated with the home is authorized under the irrigation component of this right.

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: _____

_____ Date: _____