

**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: 96-9663
Date Received: 9/29/2022
Receipt No: N041322
Claim Fee: \$250
Received By: NS

RECEIVED

OCT 03 2022

ID/TA/NT/TH

**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)

AGUILAR TRUST
C/O LAURIE WILLIAMS
5 E EVERGREEN RD
SAGLE ID 83860-9188

Phone: (714) 926-2707

2. Date of Priority: 7/27/2017

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	03W	9	NW SE	5	BONNER	

5. Description of diverting works:

WELL COMPLETED AND CONNECTED TO ONE HOME (SAND POINT SHALLOW WELL)

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		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 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	03W	9	NW		SE	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:

Place of use is located within Lots 37, 38, 39, Blk. 2, Evergreen Lots subdivision.

The domestic use authorized under this right shall not exceed 13,000 gallons per day.

Domestic use is for 1 home and does not include lawn, garden, landscape, or other types of irrigation.

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 Aguilar 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 Laurie Williams Date 9/29/2022

Printed Name of Authorized Agent LAURIE W. WILLIAMS, Trustee