

**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: 96-9834
Date Received: 8/26/2022
Receipt No: NO40917
Claim Fee: \$95.00
Received By: ca

RECEIVED

AUG 26 2022

IDWR / NORTH

**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)

MICHAEL EBERLE
PO BOX 832
PONDERAY ID 83852-0832

Phone: (208) 304-2768

AND/OR

ELIZABETH EBERLE
PO BOX 832
PONDERAY ID 83852-0832

Phone: (208) 304-2768

2. Date of Priority: 1/23/2001

3. Source:
SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	02W	21	SE SW NE		BOUNDARY	

5. Description of diverting works:

3 ft diameter concrete tile, 4 inch thick, 12 ft deep w/ 4 inch cover

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.01		0.6

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	02W	21	NW		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:

12. Remarks:

Priority Date Explanation:

Rights 96-9065 and 96-9834 when combined shall not exceed a total diversion rate of 0.01 cfs.

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

Domestic use is for 1 home.

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: 0

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:

8-26-22

Date: