

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
RECEIVED

CIVIL CASE NUMBER: 69576

Claim ID: 96-11977

Date Received: 8/31/22

Receipt No: 11040972

Claim Fee: 2500 By: NS

AUG 31 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

Please type or print clearly

- Name of claimant(s) Dennis D. Erdt and/or Jamie E. Erdt Phone (206) 200 5600
Mailing address 602 Whiskey Jack Road Zip 83864
Street or Box City State
Email address (optional) Deedsandjammer@gmail.com
- Date of priority: (Only one per claim) June/1/2005 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) Boyer Slough
which is tributary to (b) Lake Pend Oreille
- Location of point of diversion is: Township 57N, Range 1W, Section 7,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP0029300005C0A
Additional points of diversion, if any: _____
If available, GPS coordinates: 48°18'31.4"N 116°29'43.0"W
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
~~Dock installed 1 Hp electric jet pump connected to faucet via approximately 200 feet of buried 1 inch poly pipe.~~
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from Month/Day 4-1 to Month/Day 10-31 amount cfs (✓) or AFY () .02
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .02 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic, 1 Home

Name of claimant(s) _____ Claim ID _____