

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 97-4052

Date Received: 6/23/2022

Receipt No: N040323

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FRANK LUIZ	4237 FREEMAN LAKE RD	OLDTOWN	ID	USA	83822-9599

2. Date of Priority:

Date	Explanation
8/5/1952	Irrigation

3. Source:

Source	Tributary
FREEMAN LAKE	SINKS

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
56N	06W	12	3	NE	SW	BONNER		

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
IRRIGATION			Only 15 acres are irrigated as property to the East is no longer included with this property. Subdivided.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4/01	10/01

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.62		

Totals

CFS	AF	KW
0.62		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	15.00

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
56N	06W	12	SE	NW	BONNER	2	
56N	06W	12	NE	SW	BONNER	3	
56N	06W	12	NW	SE	BONNER		15.00



9. **Remarks:**

10. **Other Water Rights:**

11. **Basis:**

Basis
Statutory Claim

12. **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 Water System 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: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
 Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name