

.pdf emailed 7/27/23
to Evan Roda

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: 97-8746
Date Received:
Receipt No: T112952
Claim Fee: \$25.00
Received By: _____

RECEIVED

JUL 31 2023

IDWR / NORTH

AMENDED

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)

LONG FAMILY TRUST
C/O CARL J & DEBORAH C LONG
PO BOX 39
PRIEST RIVER ID 83856-0039

Phone: (208) 448-1219

2. Date of Priority: 12/31/1980

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	04W	18	SE SE		BONNER	

5. Description of diverting works:

Well, 1" pipe

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	<u>1/1</u>	<u>12/31</u>	<u>0.04</u>		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

Household water.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	04W	18	SE		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:

Year built per Bonner County records. Previous owner lived in shop until house was completed.

13. Basis of Claim: Beneficial Use

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:

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

Carl J. + Deborah C Long of LONG FAMILY 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 Carl J. Long / Deborah C Long Date 7-26-23

Printed Name of Authorized Agent CARL J. LONG / DEBORAH C. LONG