

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 RECEIVED
OF RIGHTS TO THE USE OF WATER FROM
THE CLARK FORK-PEND OREILLE RIVER SEP 29 2022
BASIN WATER SYSTEM

IDWR / NORTH

CIVIL CASE NUMBER: 69576

Claim ID: 97-9458

Date Received: 6/27/2022

Receipt No: N040278

Claim Fee: 25 By: SC

RECEIVED

JUN 27 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

1. Name of claimant(s) Susan M Sederstrom Phone (509) 220-4087
Mailing address PO Box 31445 Spokane WA Zip 99223
Street or Box City State
Email address (optional) ssederst@msn.com

2. Date of priority: (Only one per claim) 12-31-52 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Well
which is tributary to (b) home water supply

4. Location of point of diversion is: Township 10, Range 59 N, Section 4 W
1/4 of 1/4, or Govt. Lot 6A BM, County of Bonner
Parcel no. RP 000720060A A

Additional points of diversion, if any:

If available, GPS coordinates:

5. 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.

Well with pump for my home.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic Use purposes from Jan 1 to Dec 31 amount .04 cfs (X) or AFY ()
For Stockwater Use purposes from Jan 1 to Dec 31 amount .02

7. Total quantity claimed 13,000 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

one well on my property (at 399 Bayview Dr, Coolin ID)
(only 1 dwelling) for use at my home only. 83821

9. Location of place of use is: Township 10, Range 59N, Section 4W,
_____ 1/4 of _____ 1/4, Govt. Lot 6A BM, Parcel no. RP0007200606A0A
If different than shown in Item 4
for (check one) Domestic () Stock () Domestic and Stock ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Bonner County ID

11. Do you own the property listed above as place of use? Yes ☒ No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None ☒

13. Remarks (include an explanation of the priority date selected):

only domestic use for house & yard.
Date home was built.

14. Basis of claim (check one) Beneficial Use ☒ Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices 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) Susan M Sederstrom Date: 10-11-2022

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____
Agent's 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 _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

susan m. sederstrom