

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: 97-7147
Date Received: 3-27-2023
Receipt No: N042823
Claim Fee: \$52.00
Received By: SL

RECEIVED
MAR 27 2023
IDWR/NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CAVANAUGH BAY AIRPORT ESTATES LLC
PO BOX 136
COOLIN ID 83821

Phone: (509) 334-0144

2. Date of Priority: 9/9/1980

3. Source:

POND SINKS
POND SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	04W	26	NW SW		BONNER	
60N	04W	26	SW SW		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
RECREATION STORAGE	1/01	12/31			2
WILDLIFE STORAGE	1/01	12/31			2

7. Total Quantity Appropriated is:

C.F.S. and/or 2 A.F.A.

8. Non-irrigation uses:

9. Place of use:

RECREATION STORAGE within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	04W	26	NW		SW		
60N	04W	26	SW		SW		

WILDLIFE STORAGE within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	04W	26	NW		SW		
60N	04W	26	SW		SW		

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:

This right authorizes an annual volume of water to fill the storage facility and the amount required to replace losses through evaporation.

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 ☒ 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

Treasurer of Cavanaugh Bay Airport Estates, LLC,
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 Heidi L Kopf Date 3-23-13

Printed Name of Authorized Agent Heidi L Kopf