

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 97-4084

Date Received: 8/18/2023

Receipt No: T116903

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAVID BLOMGREN	PO BOX 1237	LEBEC	CA	UNITED STATES	93243

2. Date of Priority:

Date	Explanation
1/1/1930	

3. Source:

Source	Tributary
SOUTH OLE CREEK	OLE CREEK
SOUTH OLE CREEK	OLE CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
57N	06W	12		SE	NE	BONNER		
57N	06W	12		NE	NE	BONNER		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			
STOCKWATER		Cattle	Stockwater

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3/15	11/15
STOCKWATER	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.50		
STOCKWATER	0.02		

Totals

CFS	AF	KW
0.52		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	25.00

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
57N	06W	12	NE	NE	BONNER		20.00
57N	06W	12	SE	NE	BONNER		5.00
STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
57N	06W	12	NE	NE	BONNER		
57N	06W	1	SE	SE	BONNER		
57N	06W	12	SE	NE	BONNER		
57N	05W	7	SW	NW	BONNER	2	
57N	05W	6	SW	SW	BONNER	11	
57N	05W	7	NW	NW	BONNER	1	



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