

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 97-7152

Date Received: 6/27/2022

Receipt No: T113205

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FONDA JOVICK	15297 N VERA	RATHDRUM	ID	USA	83858

2. Date of Priority:

Date	Explanation
6/23/1980	

3. Source:

Source	Tributary
SPRING	SNOW CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
57N	05W	20		NE	NE	BONNER		

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		household and lawn
STOCKWATER		Cattle	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1/01	12/31
STOCKWATER	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04	1.20	
STOCKWATER	0.02	0.20	

Totals

CFS	AF	KW
0.04	1.20	

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
57N	05W	17	SE	SE	BONNER		
57N	05W	21	NW	NW	BONNER		
57N	05W	20	NE	NE	BONNER		
57N	05W	20	NE	NE	BONNER		
57N	05W	20	NE	NE	BONNER		
STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
57N	05W	17	SE	SE	BONNER		
57N	05W	21	NW	NW	BONNER		
57N	05W	20	NE	NE	BONNER		
57N	05W	20	NE	NE	BONNER		
57N	05W	20	NE	NE	BONNER		



9. Remarks:

10. Other Water Rights:

11. Basis:

Basis
License

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