

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: 97-9517
Date Received: 9/7/2022
Receipt No: N041071
Claim Fee: \$25.00
Received By: je

RECEIVED

SEP 07 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

1. Name of Claimant(s)

STARBIRD FAMILY TRUST
C/O JOHN STARBIRD
3060 EASTSIDE RD
PRIEST RIVER ID 83856

Phone: (208) 448-4031

2. Date of Priority: 12/31/1981

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	04W	8	SW NW		BONNER	

5. Description of diverting works:

WELL WITH PUMP AND PIPES TO STOCKWATERING AREA.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

STOCKWATER FOR MIXED STOCK

9. Place of use:

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	04W	8	SW		NW		

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:

WELL HOUSE SHOWN IN 1981 IMAGE OF PROPERTY.

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: 1

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

JOHN STARBIRD of STARBIRD 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 John Starbird Date 9/7/2022

Printed Name of Authorized Agent JOHN STARBIRD

1980 - 1987 (1 meter)
HAP_years
g_c_16017_11_16017_00065_0056_1981

Field	Value
FID	219
Name	9_5_16017_1L_16017_00065_0056_1981
OBJECTID	220
OBJECTID_1	220
Shape	Polygon
Year_Acqui	1981

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SCANNED
SEP 20 2022