

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

Claim ID: 97-9542Date Received: 7-18-22Receipt No: N040582Claim Fee: \$25.00 By: NS

RECEIVED

JUL 18 2022

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) KARL AND BECCA KNUDSEN Phone (208) 428-0068
Mailing address P.O. Box 1843 PRIEST RIVER ID Zip 83856
Street or Box City State
Email address (optional) _____
2. Date of priority: (Only one per claim) 09/16/1996 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 57, Range 05, Section 26,
NE 1/4 of SW 1/4, Govt. Lot _____, BM, County of BONNER
Parcel no. RP 57N05W26S452A
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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 Pump -09/04/1996: WELL DRILLED 6" DIAMETER @ 255'

SCANNED

SEP 16 2022

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD)

(cfs)

(acre-feet)

For DOMESTIC purposes from 01/01 to 12/31 amount .01 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .01 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) DOMESTIC 1 HOUSEHOLD

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
57N	05	26			D														

Parcel no(s). RP57N05W26S450A Total number of acres irrigated 2

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

11. Do you own the property listed above as place of use? Yes (X) No ()

If your 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 (X)

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

WELL DRILLER'S REPORT INTERMOUNTAIN DRILLING FIRM NO. 0513

PERMIT # 97-96-N-0053

START 09/04/1996 COMPLETED 09/05/1996

TOPOGRAPHICAL MAP SHOWS POINT OF DIVERSION

SCANNED

SEP 16 2022

Name of claimant(s) _____ Claim ID _____

Scale: 2 inches equals 1 mile

Name of claimant(s) _____ Claim ID _____

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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 97-96-N-2253

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 (X) 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) Karl Knudsen Date: 06/27/2022
Rebecca Knudsen Date: 6-27-2022

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 on behalf of 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 _____

SCANNED

SEP 16 2022

Name of claimant(s) KARL AND BECCA KNUDSEN Claim ID _____

