

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: 97-8875

Date Received: 6/22/2022

Receipt No: N040442

Claim Fee: \$2500

Received By: HL

RECEIVED

JUL 05 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)

PENINSULA IRREVOCABLE TRUST
C/O THERESA SAVAGE
PO BOX 626
FILER ID 83328

Phone: (208) 290-4972

2. Date of Priority: 10/24/1958

3. Source:

SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	30	NE NE		BONNER	

5. Description of diverting works:

DEVELOPED SPRING WITH PIPELINE TO HOLDING TANK, THEN PIPED TO HOME

6. Water is used for the following purposes:

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

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

STOCKWATER USE FOR UP TO FIVE HEAD OF MIXED STOCK
DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	30	NE		NE		

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	30	NE		NE		

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:

AERIAL PHOTO TAKEN 10/24/1958 SHOWS HOME ON PROPERTY, USE OF SPRING FOR
DOMESTIC PURPOSES STARTED PRIOR TO THAT DATE.

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

Trustee of Peninsula Irrevocable Trust
Agents Title (please print) Name of Organization (please print)

and that the statements contained in the foregoing document are true and correct.

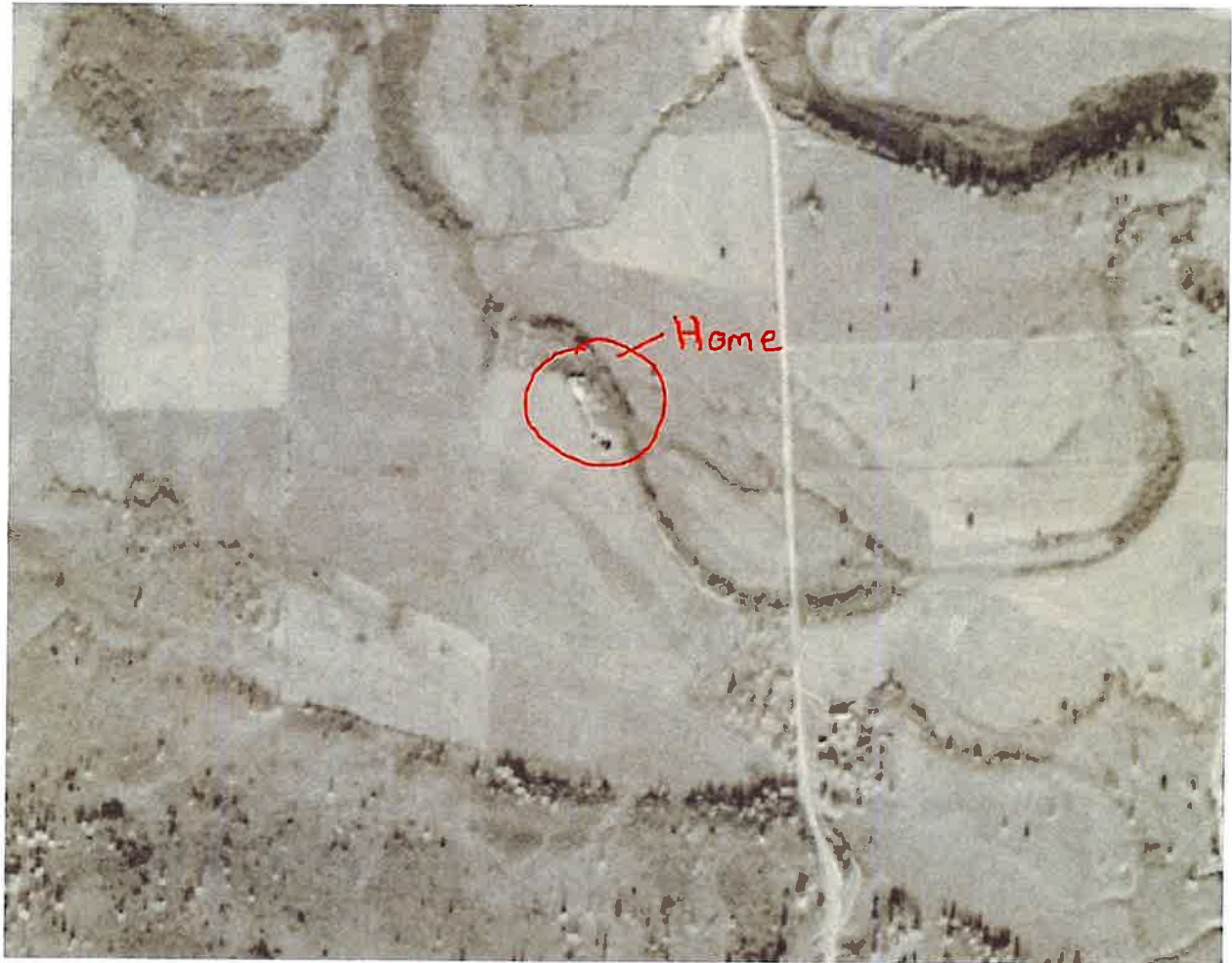
Signature of Authorized Agent J. Savage Date 7-1-2022

Printed Name of Authorized Agent Theresa Savage

Place of Use Location for CFPRBA Claim No. 97-8875

Aerial Photo Date: 10/24/1958

Image Acquired From: <https://earthexplorer.usgs.gov>



SCANNED
SEP 20 2022