



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
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Governor Brad Little

Director Gary Spackman

October 24, 2023

GAN LLC
552 LOCH HAVEN RD
SAGLE ID 83860

Dear Claimants,

As per our phone conversation, I am sending you a Notice of Claim to a Water Right form. For your convenience, I have completed much of the form for you based off the information from our phone conversation and the license. Please review the forms thoroughly and if any changes are made initial next to those changes. I have also included a map as an attachment to the claim to verify the place of use. After your review, please return the completed and signed claim form with the required \$53.00 filing fee, to our office at the address listed above.

Please do not hesitate to contact our office if you have any questions or concerns. We can be reached by phone during business hours at 208-762-2800.

Best Regards,

Chace Bell
Sr. Water Resources Agent
Northern Region
208-762-2802

Enclosures: Prepared Notice of Claim to a Water Right Form 96-9714B, How You Will Receive Notices in the Clark Fork-Pend Oreille River Basin Water System Adjudication

**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: 96-9714B
Date Received: 10/23/2023
Receipt No:
Claim Fee: \$53.00
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

GAN LLC
552 LOCH HAVEN RD
SAGLE ID 838600

Phone: 20866007822

2. Date of Priority: 8/23/2018

3. Source:
LAKE PEND OREILLE

Trib. to:
PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	01W	28	SE SE	4	BONNER	

5. Description of diverting works:

10 HP AND PIPELINE TO PLACE OF USE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.14		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	28	NE		SE	3	0.60
56N	01W	28	SE		SE	4	1.77

Total Acres = 2.37

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:

SEE LICENSE 97-9714

Water shall not be diverted under this right when flows in the Pend Oreille River are below minimum flow amounts as defined by Right 96-8730. The right holder shall be responsible for monitoring the daily flow of the Pend Oreille River using real-time data and shall cease diverting water when flows in the Pend Oreille River are below established minimum flow amounts. Unless otherwise specified by the Director of the Department of Water Resources, data from the U.S. Geological Survey Newport, Washington Gauging Station, No.12395500, may be used for purposes of determining the daily flow amounts.

This right when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the place of use.

This right does not grant any right-of-way or easement across the land of another.

A fish screen of 1/4 inch or smaller mesh shall be installed and maintained at the point of diversion.

13. Basis of Claim: License

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 _____ 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

_____ of _____
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 _____ Date _____

Printed Name of Authorized Agent _____

CFPRBA PARCEL DESCRIPTION 96-9714B

2021 AERIAL PHOTO

