



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

September 19, 2023

MELBOURNS OUTBACK LLC
PO BOX 2222
PRIEST RIVER, ID 83856-2222

Re: Amended Notice of Claim to a Water Right form for CFPRBA Claim No. 97-7363

Dear Claimant(s)

The Department of Water Resources has received your Clark Fork-Pend Oreille River Basin Adjudication (CFPRBA) water right claim. Through my review of your claim, I became aware that the claim submitted includes a lesser volume than what was originally licensed.

The Notice of Claim to a Water Right identified with the number shown above was submitted for the use of groundwater for commercial and irrigation purposes, based existing water right license no. 97-7363. That license includes an annual volume of 10 AF of water for commercial use and 3 AF for irrigation use, totaling 13 AFY. The claim submitted online includes a total volume of 10 AFY and did not total the volumes for both uses. Before your water right claim can be recommended with the full volume of water originally licensed, an Amended Notice of Claim to a Water Right form must be submitted. To assist you with this process, I am sending you an Amended Notice of Claim to a Water Right form, which can be utilized to amend your claim to include the full volume of the original water right (13 AFY). For your convenience, I completed much of the amended claim form for you, utilizing all the information from your previous claim as well as from the water right license. If any changes are made, be sure to initial those changes before signing the claim form. After your review and signature, please return the amended claim to our office at the address listed above. There is no charge for amending the claim as it is still pending in the adjudication.

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,

Evan W. Roda
Water Rights Supervisor
Northern Region

Enclosures: Amended Notice of Claim to a Water Right forms for Claim No. 97-7363

**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: 97-7363
Date Received:
Receipt No: T113233
Claim Fee: \$58.00
Received By: _____

AMENDED

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

1. Name of Claimant(s)

MELBOURNS OUTBACK LLC
41 OLD DIAMOND MILL RD
OLDTOWN ID 83822

Phone: (208) 661-8077

2. Date of Priority: 7/21/1995

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	06W	24	NW SE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
COMMERCIAL	1 /1	12/31	0.07		10
IRRIGATION	3 /15	11/15	0.03		3

7. Total Quantity Appropriated is:

0.07 C.F.S. and/or 13 A.F.A.

8. Non-irrigation uses:

9. Place of use:

COMMERCIAL within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	06W	24	SW		NE		
56N	06W	24	SE		NE		
56N	06W	24	NE		SE		
56N	06W	24	NW		SE	5	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	06W	24	NW		SE		1

Total Acres = 1

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:

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: _____

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 _____