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 26, 2023

JO ANN MACK
PHILLIP MACK
PO BOX 159
PRIEST RIVER, ID 83856-0159

Re: Amended Notice of Claim to a Water Right form for CFPRBA Claim No. 97-7420

Dear Claimants,

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 discovered 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 water from an unnamed stream for wildlife storage, based on existing water right license no. 97-7420. That license includes an annual storage volume of 4.7 AFY, but the claim you submitted includes a total volume of only 1.0 AFY. Before this 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 (4.7 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. 97-7420

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: 97-7420
Date Received:
Receipt No: N037942
Claim Fee: $51.00
Received By: _____

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

PHILLIP MACK
PO BOX 159
PRIEST RIVER ID 83856-0159
Phone: (208) 892-3109

AND

JO ANN MACK
PO BOX 159
PRIEST RIVER ID 83856-0159
Phone: (208) 892-3109

2. Date of Priority: 7/24/2002

3. Source: UNNAMED STREAM
Trib. to: PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	05W	12	NW SW		BONNER	

5. Description of diverting works:

Constructed earthen dam to collect water for wildlife habitat as established on permit. Total surface area not more than 0.8 acres.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
WILDLIFE STORAGE	01/01	12/31			4.7

7. Total Quantity Appropriated is:

C.F.S. and/or 4.7 A.F.A.

8. Non-irrigation uses:

Wildlife habitat

9. Place of use:

WILDLIFE STORAGE within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	05W	12	NW		SW		

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:
Priority date for this license is listed as July 24, 2002

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 __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): _____ Date: _____

_____ Date: _____