

From: [Roda, Evan](#)
To: peckham_roy@yahoo.com; susanpeckham@ymail.com
Subject: Amended Notice of Claim for CFRBA Claim No. 97-7423
Date: Wednesday, October 18, 2023 8:28:00 AM
Attachments: [97-7423_AmendedNoticeOfClaim.pdf](#)

Dear Mr. & Mrs. Peckham

As per our phone conversation yesterday, I am sending you an Amended Notice of Claim to a Water Right form, which can be utilized to amend the previously submitted claim for the Three Waters Park Association, claim no. 97-7423. As we discussed over the phone, this claim was submitted for the use of groundwater for domestic purposes with a claimed diversion rate of 0.20 CFS. This claim was based upon a water right license, which was previously issued to the association for the use of groundwater for municipal purposes with a maximum diversion rate of 0.13 CFS. The filing fee due for your claim as filed is \$70.00 (\$50 flat fee plus \$20 for 0.20 CFS), but only \$63.00 was paid. However, if the claim is amended to match the water right license with a diversion rate of 0.13 CFS, the correct filing fee would be \$63.00 and no additional fees will be needed.

For your convenience, I have attached an Amended Notice of Claim form and completed much of the claim for you, utilizing all the information we discussed during our call as well as the original water right license. The purpose of use has been amended to municipal and the diversion rate reduced to 0.13 CFS (as licensed). All sections with amendments have been highlighted. If any changes are made, please be sure to initial those changes before signing the claim form. After your review, please return the signed claim forms to our office at the address listed below. There is no charge for amending this 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

Evan W. Roda
Water Rights Supervisor
Idaho Department of Water Resources, Northern Region
7600 N Mineral Drive, Suite 100
Coeur d'Alene, ID 83815-7763
Phone (208) 762-2815 / 2800
<https://idwr.idaho.gov>



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: 97-7423

Date Received:

Receipt No: N039723

Claim Fee:

Received By: _____

AMENDED

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

1. Name of Claimant(s)

THREE WATERS PARK ASSOCIATION
103 THREE WATERS RD
PRIEST RIVER ID 83856

Phone: (208) 870-0902

2. Date of Priority: 11/19/2002

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
59N	04W	6	NW SE	7	BONNER	

5. Description of diverting works:

Well, 3 HP pump and delivery system.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
MUNICIPAL	01/01	12/31	0.13		36.0

7. Total Quantity Appropriated is:

0.13 C.F.S. and/or 36.0 A.F.A.

8. Non-irrigation uses:

30 households (most are vacation homes)

9. Place of use:

DOMESTIC within BONNER County

Township Range Section $\frac{1}{4}$ of $\frac{1}{4}$ Lot Acres

Place of use is within the area served by the public water supply system of Three Waters Park Association, Inc. The place of use is generally located within Section 6, Township 59N, Range 4W

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 X 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 _____