

Roda, Evan

From: Roda, Evan
Sent: Tuesday, July 9, 2024 3:41 PM
To: sweeks@jvwlaw.net
Subject: Amended Notice of Claim for CFRBA Water Right Claim No. 97-7514
Attachments: 42-1409-1-CFRBA-Instructions.pdf; 42-1409-1-CFRBA-Irrigation-and-Other-Claim-Form.pdf; 42-1409-2-CFRBA-Domestic-Stock-Claim-Form-06-21.pdf; 42-1409-2-CFRBA-Instructions.pdf; 97-7514_AmendedNoticeOfClaim.docx

Good afternoon Ms. Weeks,

Per our phone conversation earlier today, my understanding is that you mistakenly filed CFRBA claim no. 97-7514 online under your name, rather than your client's. As discussed, I am sending you an Amended Notice of Claim form for that water right which lists the current owner, West Bonner Water & Sewer District, and also includes you in the Notice of Appearance. I have highlighted the sections that have been amended as well as those that require signatures. After your review, please sign and return the claim form to our office at the address listed below. There is no charge for amending the claim as it is still pending in the adjudication. You mentioned possible amending other claims filed, so for your convenience, I've also attached the Notice of Claim forms for the Clark Fork Pend-Orielle River Basin Adjudication with instructions. Feel free to contact me if you have any questions and I will be happy to help.

Best Regards,

Evan

Evan W. Roda
Water Resources 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>



IDAHO DEPARTMENT OF
WATER RESOURCES

**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: 97-7514
Date Received:
Receipt No: T116006
Claim Fee: \$142.00
Received By: _____

AMENDED

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

1. Name of Claimant(s)

WEST BONNER WATER & SEWER DISTRICT
215 N WASHINGTON AVE
OLDTOWN ID 83822

Phone: (208) 437-3833

2. Date of Priority: 3/19/2013

3. Source:

GROUND WATER
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	06W	24	SE SE	4	BONNER	
56N	06W	24	SE SE	4	BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
MUNICIPAL	1 /1	12/31	0.92		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Municipal

9. Place of use:

MUNICIPAL within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	05W	19	SW		NW	2	
56N	05W	19	NE		SW		
56N	05W	19	NW		SW	3	
56N	05W	19	SW		SW	4	
56N	05W	19	SE		SW		
56N	05W	19	NW		SE		
56N	05W	19	SW		SE		
56N	05W	19	SE		SE		
56N	05W	20	SW		SW	1	
56N	05W	30	NE		NE		
56N	05W	30	NE		NE	7	
56N	05W	30	NW		NE		
56N	05W	30	NW		NE	7	
56N	05W	30	NE		NW		
56N	05W	30	NE		NW	7	
56N	05W	30	NE		NW	8	
56N	05W	30	NW		NW	8	
56N	06W	24	NE		NE		
56N	06W	24	NW		NE		
56N	06W	24	SW		NE		
56N	06W	24	SE		NE		
56N	06W	24	NE		NW	7	
56N	06W	24	SE		NW		
56N	06W	24	SE		NW	6	
56N	06W	24	NE		SW		
56N	06W	24	NE		SW	5	
56N	06W	24	NE		SE		
56N	06W	24	NW		SE		
56N	06W	24	NW		SE	5	
56N	06W	24	SW		SE		
56N	06W	24	SW		SE	3	
56N	06W	24	SE		SE		
56N	06W	24	SE		SE	4	
56N	06W	25	NE		NE		
56N	06W	25	NE		NE	7	

10. Do you own the property listed above as place of use? No

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 _____

15. Notice of appearance:

Notice is hereby given that I, SUSAN P WEEKS will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature: _____ Date: _____

Address: 1626 LINCOLN WAY
COEUR D ALENE ID 83814