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: 96-2011
Date Received: 10/12/2023
Receipt No: N044123
Claim Fee: $52.00
Received By: ES

RECEIVED
OCT 12 2023
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

   CHESLEY R & JULIE A HOUSKE FAMILY TRUST
   115 RESORT RD
   SAGLE ID 83860

   Phone: (208) 263-5916

2. Date of Priority: 5/24/1906

3. Source:
   SPRING CREEK

   Trib. to:
   LAKE PEND OREILLE

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼		Lot	County	Type
56N	01W	4	NW	NE	2	BONNER	

5. Description of diverting works:

   PORTABLE PUMP IN THE STREAM

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		
IRRIGATION	04/01	10/31	0.5		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	4	NW		NE	2	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	4	NW		NE	2	1.9

Total Acres = 1.9

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:
DOMESTIC 96-16774

12. Remarks:

Priority Date Explanation:
SEE LICENSE 96-2011

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

Trustee of Chesley R + Julie A Houske Family Trust,

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 10-12-2023

Printed Name of Authorized Agent Julie A. Houske