

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

RECEIVED

OCT 12 2023

IDWR / NORTH

Ident. Number: 96-2278
Date Received: 10/12/2023
Receipt No: NO44123
Claim Fee: \$25.00
Received By: JS

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

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: 2/6/1964

3. Source:

UNNAMED STREAM

Trib. to:

BOTTLE BAY

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	01W	33	SW SE	6	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	0.02		

7. Total Quantity Appropriated is:

0.02 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
57N	01W	33	SW		SE	6	

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:

96-7742

12. Remarks:

Priority Date Explanation:
SEE LICENSE 96-2278

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

<u>Trustee</u>	of	<u>Charley R & Julie A Houske Family Trust</u>
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