

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: 97-7500
Date Received: 10/18/2023
Receipt No: N044135
Claim Fee: \$580
Received By: TS

RECEIVED

OCT 18 2023

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

ROBERT F & KARLA H HATFIELD TRUST
1047 PENINSULA RD
PRIEST RIVER ID 83856

Phone: (208) 448-4324

2. Date of Priority: 7/21/2010

3. Source:

PRIEST RIVER

Trib. to:

PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	31	SE SW	8	BONNER	

5. Description of diverting works:

GAS ENGINE DRIVER PUMP FOR CROP IRRIGATION AND FIRE PROTECTION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
FIRE PROTECTION	01/01	12/31	0.17		
IRRIGATION	04/01	10/31	0.17		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

9. Place of use:

FIRE PROTECTION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	31	SW		SW	4	
57N	04W	31	SE		SW	8	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	31	SW		SW	4	4.4
57N	04W	31	SE		SW	8	3

Total Acres = 7.4

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

Trustee of Robert F. and Karla H. Hatfield 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 Robert Hatfield Date 10/18/2023

Printed Name of Authorized Agent Robert Hatfield