

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

Claim ID: 96-8006

Date Received: 10-23-2023

Receipt No: 1044143

Claim Fee: 56.00 By: [Signature]

RECEIVED

OCT 23 2023

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Jennifer Someillan and Pierre Berard Phone (406) 920-8468

Mailing address 829 Trestle Creek Ln Hope ID Zip 83836
Street or Box City State

Email address (optional) jen.someillan@gmail.com

2. Date of priority: (Only one per claim) October 4, 2023 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other () (a)

which is tributary to (b)

4. a. Location of point of diversion is: Township 57 North, Range 1 East, Section 15

North 1/2 of NW 1/4 of NW 1/4, Govt. Lot , BM, County of Bonner

Parcel no. RP57N01E15300A

Additional points of diversion, if any:

If available, GPS Coordinates

b. If instream flow, beginning point of claimed instream flow is:

Township , Range , Section , 1/4 of 1/4,

Govt. Lot , BM, County of

Ending point is: Township , Range , Section , 1/4 of 1/4,

Govt. Lot , BM, County of

5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

well with static level at 190 feet with 10 gallons/minute
(note that well is indicated in the wrong spot on idwr.idaho.gov)
well ID: 270021
well with pump to hoover

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)
 For DOMESTIC purposes from 1/1 to 12/31 amount 0.04 or _____
 For IRRIGATION purposes from _____ to _____ amount _____ or _____
 For Irrigation purposes from 3/15 to 11/15 amount 0.04 or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.08 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) domestic use for 1 home

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Parcel no(s). same Total number of acres irrigated 6

10. In which county(ies) are lands listed above as place of use located? Banner

11. Do you own the property listed above as place of use? Yes (X) No ()

If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

irrigation 96-8439 or None ☒

13. Remarks (Include an explanation of the priority date selected):

date well was completed
on well driller's report

Name of claimant(s) _____ Claim ID _____

AD 256725

14. Basis of claim (Check one) Beneficial Use (☒) Posted Notice (☒) License (☐) Permit (☒) Decree (☐)

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 96-8006

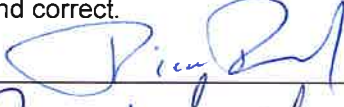
15. Signature(s)

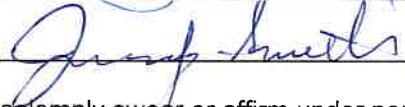
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Clark Fork-Pend Oreille River Basin Water System Adjudication."

(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 Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s)  Date: 10/20/23

 Date: 10/20/23

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____
Agent's 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 _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on 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 _____

Name of claimant(s) _____ Claim ID _____