

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 30 2023
IDWR / NORTH

Ident. Number: 97-7363
Date Received:
Receipt No: T113233
Claim Fee: \$58.00
Received By: _____

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MELBOURNS OUTBACK LLC
41 OLD DIAMOND MILL RD
OLDTOWN ID 83822

Phone: (208) 661-8077

2. Date of Priority: 7/21/1995

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

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

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
COMMERCIAL	1 /1	12/31	0.07		10
IRRIGATION	3 /15	11/15	0.03		3

7. Total Quantity Appropriated is:

0.07 C.F.S. and/or 13 A.F.A.

8. Non-irrigation uses:

9. Place of use:

COMMERCIAL within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	06W	24	SW		NE		
56N	06W	24	SE		NE		
56N	06W	24	NE		SE		
56N	06W	24	NW		SE	5	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	06W	24	NW		SE		1

Total Acres = 1

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.

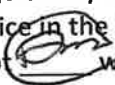
11. Other Water Rights Used:

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  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

OWNER of MELBOURN'S OUTBACK LLC
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 10-24-2023

Printed Name of Authorized Agent DAVID MELBOURN