

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: 96-9206C
Date Received: 10/27/2023
Receipt No: N044155
Claim Fee: \$318⁰⁰
Received By: JS

RECEIVED
OCT 27 2023
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DUFORT WATER ASSOCIATION INC
C/O JASON CUSHMAN
39 DAWSON AVE #90
PRIEST RIVER ID 83856-5033

Phone: (509) 993-6434

2. Date of Priority: 11/15/2004

3. Source:

GROUND WATER
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	04W	1	SW NE		BONNER	
55N	04W	1	SW NE		BONNER	

5. Description of diverting works:

40 HP
20 HP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
MUNICIPAL	01/01	12/31	2.68		104.4

7. Total Quantity Appropriated is:

2.68 C.F.S. and/or 104.4 A.F.A.

8. Non-irrigation uses:

9. Place of use:

MUNICIPAL within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	04W	1	NE		NE		
55N	04W	1	NW		NE		
55N	04W	1	SW		NE		
55N	04W	1	NE		NW		
55N	04W	1	SE		NW		
56N	04W	36	SE		SW		
56N	04W	36	SW		SE		
56N	04W	36	SE		SE		

10. Do you own the property listed above as place of use? No

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:

Place of use is within the area served by the public water supply system of Dufort Water Association ID1090268. The place of use is generally located within Section 1, Township 55N, Range 4W and Section 36, Township 56N, Range 4W.

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

President of Darfort Water Ass
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 [Signature] Date 10-27-2023
Printed Name of Authorized Agent Jason Cushman