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IDWR / NORTH

**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 CIVIL CASE

NUMBER: 69576

OF RIGHTS TO THE USE OF WATER FROM

THE CLARK FORK-

PEND OREILLE RIVER

BASIN WATER

SYSTEM Ident.

Number: 97-7269

Date Received:

Receipt No:

Claim Fee:

Received By:

11-13-23

N044195

\$54.00

JS

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

PEND OREILLE VETERINARY CLINIC

PO BOX 50300

OLDTOWN ID 83822

Phone: (208) 437-2145

2. Date of Priority: 8/15/1983

3. Source: Trib. to:
GROUND WATER

4. Point of Diversion:

Township	Range	Section	1/4	of	
1/4 of	1/4	Lot	County	Type	
56N	05W	19	NW	SW	3 BO

NNER

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
COMMERCIAL	1/01	12/31	12/31	0.04	0.6
STOCKWATER	1/01	12/31	12/31	0.02	0.2

7. Total Quantity Appropriated is:

0.06 C.F.S. and/or 0.8 A.F.A.

8. Non-irrigation uses:

Commercial use is for veterinary clinic.

9. Place of use:

COMMERCIAL within BONNER County

Township Range Section $\frac{1}{4}$ of $\frac{1}{4}$ Lot Acres
56N 05W 19 NW SW 3

STOCKWATER within BONNER County

Township Range Section $\frac{1}{4}$ of $\frac{1}{4}$ Lot Acres
56N 05W 19 NW SW 3

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

President of
Pond Oreille Veterinary Clinic
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 Brian Dockins

Date 11/4/23

Printed Name of Authorized Agent
Brian Dockins