

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

NOV 16 2023

IDWR / NORTH

Ident. Number: 97-2048

Date Received: 11-16-23

Receipt No: N044205

Claim Fee: \$51.00

Received By: CS

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

BEAVER CREEK CAMP ASSN
C/O JEFF HOBSON
2220 SACRAMENTO ST UNIT F
BERKELEY CA 94702

Phone: (510) 682-4868

2. Date of Priority: 11/6/1961

3. Source:

SPRING PRIEST LAKE

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
62N	04W	9	SW SW		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.01		3.2
FIRE PROTECTION	1/01	12/31	0.01		

7. Total Quantity Appropriated is:

0.01 C.F.S. and/or 3.2 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
62N	04W	9	NE		SE		

FIRE PROTECTION same as DOMESTIC

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:
SEE LICENSE 97-2048

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: 1

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

Treasurer of Beaver Creek Camp Association
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 11/11/2023
Printed Name of Authorized Agent Jeff Hobson

2021 AERIAL PHOTO

