

**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: 97-7440
Date Received:
Receipt No: T113309
Claim Fee: \$197.00
Received By: _____

RECEIVED

NOV 24 2023

IDWA / NORTH

AMENDED

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

1. Name of Claimant(s)

VALENCIA WETLAND MANAGEMENT LLC
PO BOX 1449
PRIEST RIVER ID 83856-1449

Phone: (253) 218-8380

DONNA COLLIER
PO BOX 1449
PRIEST RIVER ID 83856

Phone:

2. Date of Priority: 11/19/2004

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	04W	30	NE NW		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 /1	12/31	0.06		1.2
IRRIGATION	4 /1	10/31	0.08		34

7. Total Quantity Appropriated is:

0.08 C.F.S. and/or 35.2 A.F.A.

8. Non-irrigation uses:

Water for shop and offices on South side of Highway 2

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	04W	19	SW		SW	4	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	04W	19	SE		NW		1
56N	04W	19	NE		SW		24
56N	04W	19	NW		SW	3	30
56N	04W	19	SW		SW	4	10
56N	04W	19	SE		SW		32
56N	04W	19	SW		SE		11
56N	04W	30	NW		NE		14
56N	04W	30	NE		NW		15

Total Acres = 137

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 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): Danna Collins Date: 11-21-23

Date: _____

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

Agents Title (please print) of _____
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 _____