

FEB 23 2024

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, DEPT. OF WATER RESOURCES
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: 96-9492
Date Received: 2.23.22
Receipt No: C117822
Claim Fee: \$55.00
Received By: KM

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CRAIG STEVELEY
445 TAM TAM DR
SAGLE ID 83860

Phone: (208) 440-1187

AND/OR

PHYLLIS STEVELEY
445 TAM TAM DR
SAGLE ID 83860

Phone:

2. Date of Priority: 9/20/2011

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
56N	03W	25	SW SW		BONNER	

5. Description of diverting works:

pump in well

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		0.6
IRRIGATION	04/01	10/31	0.03		3

7. Total Quantity Appropriated is:

0.07 C.F.S. and/or 3.6 A.F.A.

8. Non-irrigation uses: 1 Home

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	03W	25	SW		SW		

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	03W	25	SW		SW		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:

Place of use is located within 25-56N-3W ROUND LAKE MEADOWS, LOT 12A REPLAT.

Domestic use is for 1 home. Irrigation of lawn, garden and landscaping associated with the home is authorized under the irrigation component of this right.

13. Basis of Claim: License

14. Signature(s)

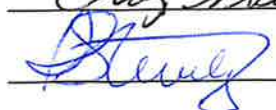
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do _____ do not XX wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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):

Date: 2/15/2024

Date: 2/15/2024