

**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
FEB 14 2024
IDWR/NORTH

Ident. Number: 97-7489A
Date Received: 2/14/2024
Receipt No: 711109
Claim Fee: 51.00
Received By: _____

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

1. Name of Claimant(s)

DONALD PADEN
581 SHANNON LN
PRIEST RIVER ID 83856

Phone: (208) 818-1909

AND/OR

KATHY PADEN
581 SHANNON LN
PRIEST RIVER ID 83856

Phone: (208) 818-2120

2. Date of Priority: 3/15/1999

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	05W	22	SE NE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
WILDLIFE STORAGE	1/01	12/31			6.3

7. Total Quantity Appropriated is:

C.F.S. and/or 6.3 A.F.A.

8. Non-irrigation uses:

9. Place of use:

WILDLIFE STORAGE within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	05W	22	SE		NE		

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:

The 2 ponds established by the storage of water under this right shall not exceed a total capacity of 6.3 acre-feet.

This right does not grant any right-of-way or easement across the land of another.

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 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): *Robert C. Ponder* Date: 2/14/2024
Mark Palmer Date: 2/14/2024

Request for Withdrawal of Claim

Name of Claimant(s): Donald Paden / Kathy Paden

Mailing Address: 581 Shannon Ln, Priest River, ID 83856

Claim No(s): 97-7911

Reason for Request: Claim filed mistakenly as beneficial use
claim with new claim ID. Claim is being replaced by
97-7489 A, based on license.

I/We wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above.


 (Signature of Claimant)

2/14/2024
 (Date)


 (Signature of Claimant)

2/14/2024
 (Date)

Return to: Idaho Department of Water Resources
 7600 N. Mineral Dr. Suite 100
 Coeur d'Alene, ID 83815

For IDWR Use Only

	<u>Initials</u>	<u>Date</u>
Approval Region Office	_____	_____
Approval State Office	_____	_____
Data Entry	_____	_____