

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: 96-2288

Date Received: 2/23/2024

Receipt No: **NW44373**

Claim Fee: **\$58.00**

Received By: _____

RECEIVED

FEB 23 2024

IDWR / NORTH

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

1. Name of Claimant(s)

LOMAN TRUST
518 N 6TH
SANDPOINT ID 83864

Phone: (208) 290-5628

2. Date of Priority: 8/24/1964

3. Source:
CARTER CREEK

Trib. to:
LAKE PEND OREILLE

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	02E	6	NW SE		BONNER	

5. Description of diverting works:

1 1/2" PIPE GRAVITY FED AND REDUCING IN DIAMETER TO HOMES

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.02		0.57
IRRIGATION	3/15	11/15	0.11		18

7. Total Quantity Appropriated is:
0.13 C.F.S. and/or 18.57 A.F.A.

8. Non-irrigation uses:
DOMESTIC USE FOR TWO HOMES

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	$\frac{1}{4}$	of	$\frac{1}{4}$	Lot	Acres
56N	02E	6	SW		SE		
56N	02E	6	SE		SE		

IRRIGATION within BONNER County

Township	Range	Section	$\frac{1}{4}$	of	$\frac{1}{4}$	Lot	Acres
56N	02E	6	SW		SE		3
56N	02E	6	SE		SE		3

Total Acres = 6

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:
BASED ON LICENSE

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

Trustee of Loman Family Trust
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 Ina A Loman Date 2/23/24

Printed Name of Authorized Agent Ina A Loman