

**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: 96-2264
Date Received: 2/26/2024
Receipt No: N044379
Claim Fee: \$67.00
Received By: NS

RECEIVED

FEB 26 2024

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

IDWR / NORTH

1. Name of Claimant(s)

MASON FAMILY LLC
8026 E LEES POINT RD
HAYDEN ID 83835

Phone: (208) 640-9290

2. Date of Priority: 4/10/1961

3. Source:

UNNAMED STREAM
UNNAMED STREAM

Trib. to:
SINKS
SINKS

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
54N	05W	6	NW NW	4	BONNER	
54N	05W	6	NE NW	3	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	01/01	12/31	0.04		
IRRIGATION	04/01	10/31	0.36		
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

STOCKWATER FOR UP TO TEN HEAD OF MIXED STOCK
DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	6	NW		NW	4	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	6	NW		NW	4	17

Total Acres = 17

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	6	NW		NW	4	

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 ~~X~~ 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

Manager of Mason Family LLC
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 Terry A. Mason Date 26 Feb 24

Printed Name of Authorized Agent Terry A. Mason