

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: 96-9360
Date Received: 2/13/2024
Receipt No: **N044642**
Claim Fee: **\$51.00**
Received By: YMB

RECEIVED

MAY 10 2024

IDWR / NORTH

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

1. Name of Claimant(s)

RYAN BENNETT
764 GEENEN RD
COCOLALLA ID 83813-9705

Phone: (208) 255-2160

2. Date of Priority: 12/4/2007

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	03W	12	NW SE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.02		3
STOCKWATER	01/01	12/31	0.02		0.1

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 3.1 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	03W	12	NW		SE		1
							Total Acres = 1

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	03W	12	NW		SE		

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 A LICENSE

This right when combined with all other rights shall provide no more than 3.0 afa per acre at the field headgate for irrigation of the place of use.

Rights 96-9360 & 96-9882 when combined shall not exceed the irrigation of 1.0 acres.

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 _____ 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): Ryan Bennett Date: 5-10-24

Date: _____