

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: 96-7594

Date Received: 4/17/24

Receipt No: N044543/N044544

Claim Fee: \$58 \$29 \$29

Received By: YMB

RECEIVED
APR 17 2024
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

TOBY D MC NEAL
PO BOX 613
SANDPOINT ID 83864

Phone: (208) 290-0606

~~ANDERSON TRUST~~ AND
Caroline Kim Anderson Living Trust
C/O CAROLINE KIM ANDERSON
182 BIRCH BANKS RD
SAGLE ID 83860

Phone: (208) 217-7928

2. Date of Priority: 8/1/1977

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	02W	2	SW 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
DOMESTIC	1/01	12/31	0.08		2.4

7. Total Quantity Appropriated is:

0.08 C.F.S. and/or 2.4 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR TWO HOMES

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	02W	2	SW		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:

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 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): *Goly McNeal* Date: 4-11-2024

Date: _____

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

Caroline Kim Anderson of Caroline Kim Anderson Living 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 Caroline K. Anderson Date 4-13-24

Printed Name of Authorized Agent Caroline K. Anderson