

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: 96-9325
Date Received: 4/24/24
Receipt No: N044560
Claim Fee: \$51.00
Received By: YMB

RECEIVED
APR 24 2024
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

SCOTT BROWN
PO BOX 1175
SANDPOINT ID 83864

Phone: (208) 610-1157

2. Date of Priority: 5/23/2007

3. Source:
FRY CREEK

Trib. to:
LAKE PEND OREILLE

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	02W	2	NE NE SW		BONNER	

5. Description of diverting works:

1 hp irrigation pump piped to hose bib for garden hose connection.

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		0.9

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 0.9 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	02W	2	NE		SW		0.3

Total Acres = 0.3

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:

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

This right when combined with all other rights shall provide no more than 0.02 cfs nor more than 1.5 afa at the field headgate for irrigation of the land described above.

A fish screen of 1/4 inch or smaller mesh shall be installed and maintained at the point of diversion.

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: 0

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): SAR Date: 4/19/2024

Date: _____