

**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:

97-9206

Date Received: 5/31/2022
Receipt No: N039832
Claim Fee:
Received By: _____

AMENDED

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day**

1. Name of Claimant(s)

LISA LYSNE
PO BOX 565
BELT MT 59412

Phone: (406) 781-2194

ARTS PLACE LLC
PO BOX 565
BELT MT 59412-0565

Phone: (406) 781-2194

2. Date of Priority: 8/1/2009

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
59N	04W	10	NW NW	1	BONNER	

5. Description of diverting works:

TRAILER PLACED ON PROPERTY IN 2009. ESTABLISHED A WATER LINE FROM PARCEL A IN 2009.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	04/01	11/01	0.04		

DOMESTIC

01/01

12/31

0.04

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

ONE TRAILER FOR DRINKING, BATHING, AND CLEANING.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acre s
59N	04W	10	NW		NW	1	

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:

WATER LINE COMES FROM THE WELL ON PARCEL A (RP59N04W103490A). THIS WAS ESTABLISHED IN 2009.

13. Basis of Claim: Beneficial Use

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

LISA LYSNE of ARTS PLACE, 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 Lisa Lysne Date 5/23/24
Printed Name of Authorized Agent LISA LYSNE