

**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

R E C E I V E D

JUN 03 2024

Ident. Number: **97-9021**
Date Received:
Receipt No: T113316
Claim Fee:

\$25.00

IDWR / NORTH

AMENDED

Received By: _____

**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)

VALENCIA WETLAND MANAGEMENT LLC
PO BOX 1449
PRIEST RIVER ID 83856

Phone: (253) 218-8380

2. Date of Priority: 1/1/1947

3. Source: SPRINGS

Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼	of	¼	Lot
56N	04W	19	SE NE		BONNER	
			Type			
			County			

5. Description of diverting works:

Two developed springs consisting of two cisterns that gravity feed water to the house.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1	12/31	0.04	

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Domestic home

9. Place of use:

DOMESTIC within BONNER County

Townsh ip	Rang e	Sectio n	¼	of ¼	Lo t	Acre s
56N	04W	19	SW	NE		
56N	04W	19	SE	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.

Yes

11. Other Water Rights Used: No

12. Remarks:

Priority Date Explanation:

Spring has been in use since being settled in the early 20th century.

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 wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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

Owner/Manager of

Agents Title (please print)
Organization(please print)

Name of

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Donna Collier Date 5-30-24

Printed Name of Authorized Agent Donna Collier

PARCEL LOCATION FOR CFPRBA CLAIM 97-9021

2023 AERIAL PHOTO

