

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
THE CLARK FORK-PEND OREILLE
BASIN WATER SYSTEM

RECEIVED

Jul 10, 2024

DEPARTMENT OF
WATER RESOURCES

CIVIL CASE NUMBER: 69576

Int. Number: 97-9725
Date Received: 8/28/2023
Receipt No: T116969
Filing Fee: \$25.00
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)

~~COON TRUST~~ *COON FAMILY 2006 LIVING TRUST*
~~DONALD COON~~
335 W GORDON AVE
SPOKANE WA 99205 UNITED STATES

Phone: (509) 951-6849

2. Date of Priority: 7/30/1970

3. Source:

Trib. to:

GROUND WATER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
59N	04W	10	SW NW	2	BONNER	

5. Description of diverting works:

driven well with electric pump

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 household

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
59N	04W	10	SW		NW	2	

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:

None

12. Remarks:

Priority Date Explanation:

This an estimated date. We purchased this property in 1990 and the well and pump system was in place and operational when we purchased.

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

TRUSTEE

Agents Title (please print)

of COON FAMILY 2006 LIVING TRUST

Name of Organization (please print)

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

Signature of Authorized Agent *Donald B. Coon* Date *JULY 11, 2024*
Kathy J. Coon
DONALD B. COON
Printed Name of Authorized Agent *KATHY J. COON*