**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: 96-9496
Date Received: 9/13/2023
Receipt No: N044045
Claim Fee: $25.00
Received By: YS

AMENDED

RECEIVED
SEP 13 2023
IDWR / NORTH

**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)

SHERRI MITCHELL
PO BOX 1345
SAGLE ID 83860

Phone: (208) 255-2713

2. Date of Priority: 12/7/2011

3. Source: GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	01W	27	NE NE	1	BONNER	

5. Description of diverting works:

D0059594

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		1.2

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	01W	27	NE		NE	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:

Domestic use is for 1 home.

The irrigation occurring under this domestic use shall not exceed 1/2 acre.

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

Rights 96-9185 and 96-9496 when combined shall not exceed a total diversion rate of 0.04 cfs, a total annual maximum diversion volume of 1.8 af and 2 homes.

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: _____

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): Sheri L Mitchell Date: 9-13-23

_____ Date: _____