

RECEIVED

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, SEP 11 2024
IN AND FOR THE COUNTY OF TWIN FALLS

DEPARTMENT OF
WATER RESOURCES

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: 97-8619
Date Received: 5/4/2022
Receipt No: N039349
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)

KEVIN HEISS
267 THAMA DR
PRIEST RIVER ID 83856-8786

Phone: (775) 225-4557

AND/OR

LINDA HEISS
267 THAMA DR
PRIEST RIVER ID 83856-8786

Phone: (775) 225-4557

2. Date of Priority: 12/31/1992

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	04W	32	NW SE	6	BONNER	

5. Description of diverting works:

Well to the house and barn - 3000 gallon holding tank

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		
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.04 0.06 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

One house and a barn

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	04W	32	SE		NE		
56N	04W	32	NW		SE	6	

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	04W	32	SE		NE		
56N	04W	32	NW		SE	6	

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:
Year Built

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 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):  Date: 9-11-2024
 Date: 9/11/24