

**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

RECEIVED

JUN 27 2024

IDWR / NORTH

AMENDED

Ident. Number: 97-8574
Date Received: 4/27/2022
Receipt No: T112623
Claim Fee:
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)

MACKEY EHRMANTROUT
13861 HWY 57
PRIEST RIVER ID 83856

Phone: (208) 946-1036

 ALICIA EHRMANTROUT
13861 Hwy 57
PRIEST RIVER ID 83856

Phone: (208) 946-6645

2. Date of Priority: 1/4/1995

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	05W	28	SE NE		BONNER	

5. Description of diverting works:

it is a 6 inch steel casing with a 4 inch pvc liner. Water is brought up with standard household pump.

6. Water is used for the following purposes:

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

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Normal household use and lawn maintenance

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	05W	28	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.

11. Other Water Rights Used:

None that we are aware of. Simply want to own our rights for household use and lawn maintenance.

12. Remarks:

Priority Date Explanation:

Drilling permit #97-94-n-0094 Date 1-4-95 by intermountain drilling

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: _____

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: 6-24-24

 Date: 6-24-24