

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 97-8607

Date Received: 5/3/2022

Receipt No: T112683

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MARK RUNBERG	19451 KEMPLE DRIVE	BEND	OR	USA	97702

2. Date of Priority:

Date	Explanation
6/1/1938	Home site was subdivided in 1938 into its current dimensions. The first surface water diverted from Priest Lake on the property for both irrigation and drinking water began in summer 1938.

3. Source:

Source	Tributary
PRIEST LAKE	PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
59N	04W	10	2	SW	NW	BONNER		Instream electric pump (1.5 HP/ 4,200 GPH) under dock.

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
IRRIGATION			

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	05/01	10/31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.01		

Totals

CFS	AF	KW
0.01		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.50

IRRIGATION	Township	Range	Section	QQ	Q	County	Govt Lot	Acres
	59N	04W	10	SW	NW	BONNER	2	0.50



9. Remarks:

10. Other Water Rights:

Ground water for residential drinking purposes

11. Basis:

Basis
Beneficial Use

12. 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 Water System 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: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____

Title Organization

that I have signed the foregoing document in the space below as

_____ of _____

Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name