

OCT 17 2023

DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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

Claim ID: 97-9756

Date Received:

Receipt No:

Claim Fee: By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAWFor Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) Jeffrey & Stacey Boies Phone (509) 220-2325
Mailing address PO Box 28 Colbert WA Zip 99005
Street or Box City State
Email address (optional)
- Date of priority: (Only one per claim) 1978 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a)
which is tributary to (b)
- Location of point of diversion is: Township 59N, Range 04W, Section 3
NW 1/4 of NE 1/4, or Govt. Lot 2 BM, County of BONNER
Parcel no. RP59N04W030710A
Additional points of diversion, if any: NA
If available, GPS coordinates:
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
Shared with pump to home Well on Parcel # RP59N04W030710A
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For domestic purposes from 1-1 to 12-31 amount 0.04 cubic feet per second
Month/Day Month/Day cfs () or AFY ()
For purposes from to amount
7. Total quantity claimed cfs ☒ or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
0.04 CFS

9. Location of place of use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. SAME
for (check one) Domestic ☒ Stock () Domestic and Stock ()
If different than shown in Item 4

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? BONNER County

11. Do you own the property listed above as place of use? Yes ☒ No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None ☒

13. Remarks (include an explanation of the priority date selected):

14. Basis of claim (check one) Beneficial Use ☒ Posted Notice () License () Permit () Decree ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

15. Signature(s)
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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: 0

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) [Signature] Date: 10.9.2023
[Signature] Date: 10.9.2023

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____