

MAR 04 2024

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, DEPT. OF WATER RESOURCES
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: 97-7855
 Date Received: 9/30/2021
 Receipt No: N037555
 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)

VPZJMC TRUST
 205 COTTONWOOD CREEK
 PRIEST RIVER ID 83856

Phone: (303) 520-4068

2. Date of Priority: 5/20/1984

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	04W	19	NE NE		BONNER	

5. Description of diverting works:

WELL, PUMP AND LINE BEHIND THE HOUSE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

1 HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	04W	19	NE		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:

12. Remarks:

Priority Date Explanation:
SEE TAX LOT DATA

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 Organizations:

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

____Trustee_____ of _____VPZJMC Trust_____

Agents 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 2/26/24

Printed Name of Authorized Agent Victoria Baldwin