

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

APR 01 2024

DEPARTMENT OF
WATER RESOURCES

Ident. Number: 96-9297

Date Received: 3/20/2024

Receipt No: C118061

Claim Fee: \$51.00

Received By: KM

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

KAREN SCHUESSLER GARVEY & GEORGE E. GARVEY
209 SUNDOWNER LN
SAGLE ID 83860
209 SUNDOWNER LN
SAGLE, ID. 83860

Phone: (619) 871-9590

(619) 990-6419

2. Date of Priority: 8/9/2006

3. Source:
PEND OREILLE RIVER

Trib. to:
COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	02W	6	NW NE	2	BONNER	

5. Description of diverting works:

ONE HALF HP PUMP IN RIVER

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.02		0.6

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 0.6 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	02W	6	NW		NE	2	0.2

Total Acres = 0.2

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:

This right when combined with all other rights shall provide no more than 0.02 cfs nor more than 0.6 afa at the field headgate for irrigation of the land described above.

This right does not grant any right-of-way or easement across the land of another.

13. Basis of Claim: License

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): Karen Smith Gamm Date: 3/26/2024
Ann E. Joy Date: 3/26/2024