

**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: 97-9486
Date Received: 10/6/2022
Receipt No: N040373
Claim Fee: \$25.00
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)

~~DONALD BENTON~~ Phone: ~~(360) 600-1492~~
~~PO BOX 5076~~
~~VANCOUVER WA 98668~~

~~MARY BENTON~~ Phone: ~~(360) 600-1492~~
~~PO BOX 5076~~
~~VANCOUVER WA 98668~~

DON & MARY BENTON FAMILY TRUST Phone: **(360) 600-1492**
PO BOX 5076
VANCOUVER WA 98668

2. Date of Priority: 6/15/2007

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	04W	22	NE NE		BONNER	

5. Description of diverting works:

WELL 200 FOOT.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

STOCKWATER

01/01

12/31

0.02

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

STOCKWATER USE FRO 10 CATTLE, 15 GOATS 5 HOGS
DOMESTIC USE FOR 1 HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	04W	22	NE		NE		

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	04W	22	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:

PURCHASED 17 ACRES AND DRILLED WELL IN 2007.

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): Don Benton For Don & Mary Benton Date: 5/24/24
FAMILY TRUST

Date: _____

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 DON & MARY BENTON FAMILY 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 Donald Benton Date 5-24-24
Printed Name of Authorized Agent DONALD BENTON