

MAY 28 2024

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

Ident. Number: 97-2074A

Date Received: 10/26/2021

Receipt No: N037729

Claim Fee:

Received By: _____

AMENDEDNOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**AMENDED**

1. Name of Claimant(s)

BENJAMIN W LIEMANDT

TESSA C LIEMANDT

1869 EASTSIDE RD

PRIEST RIVER ID 83856

Phone: (208) 920-9242

Phone: (208) 920-3961

2. Date of Priority: 4/23/1940

3. Source:

ALDER CREEK

Trib. to:

SINKS

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
56N	04W	17	SW SW		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.57		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of ¼	Lot	Acres
56N	04W	17	SW	SW		14
56N	04W	18	SE	SE		8
56N	04W	18	NE	SE		5

Total Acres = 27

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:
New Permit Application

12. Remarks:

Priority Date Explanation:

- ### 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): [Signature] Date: 5/24/24

Date: _____