

RECEIVED

SEP 06 2024

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

DEPARTMENT OF
WATER RESOURCES

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: 97-9838
Date Received: 9-6-24
Receipt No: C11828
Claim Fee: \$25.00
Received By: KM

**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)

JONATHAN QUINN-HURST
PO BOX 1094
PRIEST RIVER ID 83856

Phone: (208) 448-4663

2. Date of Priority: 8/25/2008

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	32	NW NE	2	BONNER	

5. Description of diverting works:

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		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

State of Idaho
Department of Water Resources
Adjudication Claim
97-9838

Draw in the location of the point of diversion (well)
and return the map with the signed claim.



0 0.035 0.07 0.14 Miles

-  Place Of Use Boundary
-  State Outline
-  Townships
-  PLS Sections
-  Quarter Quarters

X - location of well and pump



9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	32	NW		NE	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:

Completion date on well driller report. D0055591

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 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): *Mary Quinn Hurst* Date: *8/30/24*
Jonathan Quinn Hurst Date: *8/30/24*

Idaho Department of Water Resources Receipt

Receipt ID: C118828

Payment Amount \$75.00 Date Received 9/6/2024 Region STATE

Payment Type Check Check Number 1104

Payer QUINN-HURST REVOCABLE TRUST

Comments NOTICE OF CLAIM TO A WATER RIGHT
CIVIL CASE NUMBER # 69576
FOR: JONATHAN QUINN-HURST
WR CLAIM OR PARCEL # 97-9238, 97-9839, 97-8371
FOR: CFPRBA
THE CLARK FORK-PEND OREILLE RIVER BASIN WATER SYSTEM

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$75.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155

KM

Signature Line (Department Representative)