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 96-4564
Date Received: 7/1/2022
Receipt No:

1. **Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
IDAHO FISH AND GAME COMMISSION	PO BOX 25	BOISE	ID	USA	83707-0025

2. **Date of Priority:**

Date	Explanation
1/1/1934	

3. **Source:**

Source	Tributary
SPRING CREEK	LIGHTNING CREEK

4. **Point of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
56N	02E	27		NE	SE	BONNER		

5. **Water is used for the following purpose(s):**

Water Use	Number Of Homes	Stock	Description
FISH PROPAGATION			

6. **Season(s) of Use:**

Water Use	From Month/Day	To Month/Day
FISH PROPAGATION	1/01	12/31

7. **Quantity:**

Water Use	CFS	AF	KW
FISH PROPAGATION	15.00		

Totals

CFS	AF	KW
15.00		

8. **Place of Use:**

Water Use	Total Claimed Acreage

FISH PROPAGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
56N	02E	27	SE	NE	BONNER		
56N	02E	27	SE	SE	BONNER		
56N	02E	27	NE	SE	BONNER		

9. **Remarks:**

10. **Other Water Rights:**

    96-8454 96-2166

11. **Basis:**

Basis
Statutory Claim

12. **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 Water System 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): _____ Date: _____

    _____ Date: _____

    For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

    _____ of _____,
    Title Organization

    that I have signed the foregoing document in the space below as

    _____ of _____,
    Title Organization

    and that the statements contained in the foregoing document are true and correct.

    Signature of Authorized Agent _____ Date _____

    Title and Organization _____

    Please print name

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