

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 97-2041

Date Received: 10/17/2022

Receipt No:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
IDAHO DEPARTMENT OF LANDS	300 NORTH 6TH ST	BOISE	ID	UNITED STATES	83702

2. Date of Priority:

Date	Explanation
8/20/1954	Water right first permitted.

3. Source:

Source	Tributary
COUGAR CREEK	PRIEST LAKE

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
60N	04W	23		SE	SW	BONNER		

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

Water Use	Number Of Homes	Stock	Description
RECREATION			Campground use

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
RECREATION	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
RECREATION	0.04		

Totals

CFS	AF	KW
0.04		

8. Place of Use:

Water Use	Total Claimed Acreage
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RECREATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
60N	04W	27	NE	SE	BONNER		
60N	04W	26	NW	SW	BONNER		
60N	04W	26	NE	SW	BONNER		
60N	04W	23	SE	SW	BONNER	4	
60N	04W	26	NE	NW	BONNER	1	
60N	04W	26	SW	NW	BONNER	2	
60N	04W	27	SE	NE	BONNER	4	
60N	04W	26	SE	NW	BONNER	3	
60N	04W	23	SW	SW	BONNER		
60N	04W	26	SW	NW	BONNER		
60N	04W	27	SE	NE	BONNER		
60N	04W	26	SE	NW	BONNER		
60N	04W	26	NE	NW	BONNER		
60N	04W	26	NW	NW	BONNER		



9. Remarks:

10. Other Water Rights:

11. Basis:

Basis
License

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