

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 96-7463

Date Received: 5/13/2022

Receipt No: T112776

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SCOTT GENTLEMAN	2760 FLUME CK RD	SANDPOINT	ID	USA	83864
TRACEY GENTLEMAN	2760 FLUME CK RD	SANDPOINT	ID	USA	83864

2. Date of Priority:

Date	Explanation
8/9/1976	

3. Source:

Source	Tributary
FLUME CREEK	RAPID LIGHTNING CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
58N	01E	13		NE	SE	BONNER		

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		2 people, 3 dogs, 3 cats, 20 chickens, 5 llamas,
IRRIGATION			we have 5 acres of fenced gardens and pastures to irrigate

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1/01	12/31
IRRIGATION	3/15	11/15

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04	0.60	
IRRIGATION	0.02	3.00	

Totals

CFS	AF	KW
0.04	3.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	5.00

DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
58N	01E	13	SW	NE	BONNER		
IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
58N	01E	13	SW	NE	BONNER		5.00



9. Remarks:

we have about five acres of gardens and pastures, fenced, that we irrigate. if we have not allocated enough water for irrigation for these purposes, please adjust for us. thanks

10. Other Water Rights:

we have about five acres of gardens and pastures, fenced, that we irrigate. if we have not allocated enough water for irrigation for these purposes, please adjust for us.

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

Title of _____
Organization

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

Title of _____
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