



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
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Governor Brad Little

Director Mathew Weaver

April 28, 2026

RONALD & DOROTHY WINSHIP TRUST
5398 JEWEL LAKE RD
SAGLE ID 83860

RE: Clark Fork-Pend Oreille River Basin Adjudication (CFPRBA) Claim 96-7008

Dear Claimant:

The Idaho Department of Water Resources has received your Clark Fork-Pend Oreille River Basin Adjudication (CFPRBA) Notice of Claim to a Water Right. Through the review of your claim, a possible error was discovered that we would like to provide you the opportunity to fix before the claim is recommended to the Court.

Before the water right claim for this license can be recommended to its full extent, an Amended Notice of Claim to a Water Right form with the corrected priority date, Point of Diversion location and dates for the irrigation usage must be submitted. For your convenience, per my phone conversation with Margie Danisch, I am sending you an Amended CFPRBA Notice of Claim to a Water Right for Claim No. 96-7008 which includes the corrected Priority Date, POD location and dates of usage from the active license (highlighted). Please review the claim form to ensure your agreement with the changes made before signing the claim. After your review, return the signed claim form to our office at the address listed above **within 30 days of receiving this letter**.

Also, the fee for your Notice of Claim to a water Right based on License # 96-7008 is only \$64, so a refund request has been submitted for the overpayment of \$1436.00. You should receive it in 2-3 weeks.

Please do not hesitate to contact our office if you have any questions. The Adjudication staff is available during business hours at 208-762-2800.

Sincerely,

Dawn R Lenon
Technical Records Specialist 1
Northern Region

Enclosure(s): Amended Notice of Claim to a Water Right for CFPRBA Claim No. 96-7008

**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: 96-7008
Date Received:
Receipt No: N046001
Claim Fee: \$64.00
Received By: _____

AMENDED

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

RONALD & DOROTHY WINSHIP TRUST
5398 JEWEL LAKE RD
SAGLE ID 83860

Phone: (508) 208-7447

2. Date of Priority: 4/26/1968

3. Source:
HOODOO CREEK

Trib. to:
PEND OREILLE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	03W	6	<u>NW</u> SW		BONNER	

5. Description of diverting works:

PHYSICAL DIVERSION OF WATER FROM HOODOO CREEK AT LOCATION I GPS COORDINATES.
WATER IS USED FOR PERIODIC IRRIGATION AND FIRE PROTECTION, AND IF NECESSARY FIRE
FIGHTING.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
FIRE PROTECTION	1/01	12/31	0.28		
IRRIGATION	<u>5/15</u>	<u>9/15</u>	0.28		42

7. Total Quantity Appropriated is:

0.28 C.F.S. and/or 42 A.F.A.

8. Non-irrigation uses:

FIRE PROTECTION COVERS 6 OUT BUILDINGS AND ONE HOME.

9. Place of use:

FIRE PROTECTION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	03W	6	NW		SW		
55N	03W	6	SW		SW		

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	03W	6	NW		SW		4
55N	03W	6	SW		SW		10

Total Acres = 14

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:

PRIORITY DATE BASED ON LICENSE FOR IRRIGATION AND FIRE PROTECTION. THIS APPLICATION IS TO PROTECT THAT LICENSE AND EXTEND IT EFFECTIVENESS IN PERPETUITY.

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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

_____ of _____
Agents Title (please print) Name of Organization (please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____