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 96-9564
Date Received: 8/4/2022
Receipt No: T113598

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

Name	Address	City	State	Country	Postal Code
LAINE WYRICK	PO BOX 297	LACLEDE	ID	USA	83841

2. **Date of Priority:**

Date	Explanation
4/29/2015	

3. **Source:**

Source	Tributary
PEND OREILLE RIVER	COLUMBIA RIVER

4. **Point of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
56N	03W	30		SW	SE	BONNER		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			Irrigation for 2.5 acres

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

Water Use	From Month/Day	To Month/Day
IRRIGATION	04/01	10/31

7. **Quantity:**

Water Use	CFS	AF	KW
IRRIGATION	0.05		

Totals

CFS	AF	KW
0.05		

8. **Place of Use:**

Water Use	Total Claimed Acreage
IRRIGATION	0.00

Place of Use Map

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

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