

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 96-9718

Date Received: 9/10/2021

Receipt No:

*C111084
Rcvd 10-6-2021*

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
NONA L ELLISON	85 CORBETT GLN	SANDPOINT	ID	USA	83864-0598
CRAIG M ELLISON	85 CORBETT GLN	SANDPOINT	ID	USA	83864-0598

2. Date of Priority:

Date	Explanation
9/10/2018	

3. Source:

Source	Tributary
SAND CREEK	LAKE PEND OREILLE

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
58N	02W	26		SE	SE	BONNER	

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			

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	0.02		

Totals

CFS	AF	KW
0.02		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.40

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acre
58N	02W	26	SW	SE	BONNER		0.10
58N	02W	26	SE	SE	BONNER		0.30

Place of Use Map

9. **Basis:**

Basis
License

10. **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