



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

August 20, 2026

MORAVIA WATER ASSN
C/O DALE MARCY
7631 DEEP CREEK LP
BONNERS FERRY, ID 83805

Re: Prepared Notice of Claim to a Water Right Form for Kootenai River Basin Adjudication (KRBA) Claim No. 98-7763.

Dear Mr. Marcy,

As per our phone conversation today, I am sending you a Notice of Claim to a Water Right form, which can be utilized to claim the water right license used by your water association (98-7763). For your convenience, I completed much of the claim form for you, utilizing all the information from the existing license. Per the information provided in our call, the mailing address and phone number for the association have been revised. If any changes are made, please be sure to initial those changes before signing the claim form. After your review, please return the signed claim form along with the required \$70.00 filing fee to our office at the address listed above.

Please do not hesitate to contact our office if you have any questions or concerns. We can be reached by phone during business hours at 208-762-2800.

Best Regards,

Evan W. Roda
Water Resources Supervisor
Northern Region

Enclosures: Prepared Notice of Claim to a Water Right form for Claim No. 98-7763, How You Will Receive Notices in the Kootenai River Basin Adjudication

**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 Not KOOTENAI RIVER BASIN WATER
SYSTEM

CIVIL CASE NUMBER: 89576

Ident. Number: 98-7763
Date Received:
Receipt No:
Claim Fee: \$70.00
Received By: _____

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

1. Name of Claimant(s)

MORAVIA WATER ASSN
7631 DEEP CREEK LP
BONNERS FERRY ID 83805

Phone: (208) 267-7792

2. Date of Priority: 9/13/1995

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
61N	01E	7	SW SE		BOUNDARY	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.1		21
IRRIGATION	3/15	11/15	0.12		27.3

7. Total Quantity Appropriated is:

0.2 C.F.S. and/or 48.3 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR 35 HOMES

9. Place of use:

IRRIGATION within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
61N	01E	7	NE		NE		0.3
61N	01E	7	SW		NE		0.5
61N	01E	7	SE		NE		0.3
61N	01E	7	SE		NW		0.3
61N	01E	7	NE		SW		0.8
61N	01E	7	NE		SE		1
61N	01E	7	NW		SE		0.5
61N	01E	7	SW		SE		0.5
61N	01E	8	NW		NE		0.3
61N	01E	8	NE		NW		0.5
61N	01E	8	NW		NW		0.3
61N	01E	8	SW		NW		1.5
61N	01E	8	SW		SW		0.5
61N	01E	18	NE		NE		0.5
61N	01E	18	NW		NE		1
61N	01E	18	NE		NW		0.3

Total Acres = 9.1

DOMESTIC same as IRRIGATION

10. Do you own the property listed above as place of use? No

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:

This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the lands above.

Domestic use is for 35 homes and does not include lawn, garden, landscape, or other types of irrigation.

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 Not Assigned 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 _____