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Form No. 42-1409-2 (Internet 06/21)

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 KOOTENAI RIVER BASIN WATER
SYSTEM

CIVIL CASE NUMBER: 89576

Claim ID: 98-7784
Date Received: 9-22-2026
Receipt No: N046399
Claim Fee: 25.00 By: TS

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) Peter M. + Margaret L. Zalabak Phone (208) 267-1683
Mailing address 236 Roman Nose Dr., Naples ID Zip 83847
Street or Box City State
Email address (optional) magzalabak@gmail.com
- Date of priority: (Only one per claim) 10/95 8/21/97 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 61 North, Range 1 West, Section 34,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Boundary;
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS coordinates: 48.59366° N; 116.44584° W
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
well- 300 feet ; pumps - 1
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 1/1 Month/Day to 12/31 Month/Day amount 0.02 cfs (X) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed _____ cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic- 1 home

9. Location of place of use is: Township 61 North, Range 1 West, Section 34,
NW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. Boundary
If different than shown in Item 4

for (check one) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Boundary

11. Do you own the property listed above as place of use? Yes (X) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (X)

13. Remarks (include an explanation of the priority date selected):

14. Basis of claim (check one) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 98-7784

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Kootenai 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) AZK Date: 9-22-26

Margaret L. Zelabak Date: 9-22-26

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

_____ of _____,
Agent's 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 _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____