

SEP 22 2025

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

Clerk

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE COEUR D'ALENE-SPOKANE RIVER  
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576 Deputy Clerk

Claim ID: 95-18705

Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Claim Fee: \_\_\_\_\_ By: \_\_\_\_\_

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) CLIFFORD A FRY JR Phone (208) 660-2566  
Mailing address 12447 N Smith Ave Rathbun Idaho Zip 83858  
Street or Box City State  
Email address (optional) CLIFF.FRY.CF@gmail.com
- Date of priority: (Only one per claim) 01/01/2023 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ( ) or Other ( ) (a) well  
which is tributary to (b) Coeur d'Alene-Spokane River Basin water system  
Adjudication
- Location of point of diversion is: Township 51, Range 5, Section 8,  
SE 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_ BM, County of \_\_\_\_\_  
Parcel no. 51N05W-08-2330  
Additional points of diversion, if any: \_\_\_\_\_  
If available, GPS coordinates: \_\_\_\_\_
- 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.  
NA
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For Domestic purposes from 11/7/03 to current amount 13,000/day shared well  
Month/Day Month/Day cfs ( ) or AFY ( )  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_
- Total quantity claimed 13,000/gal/day shared well cfs ( ) or AFY ( )
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
Domestic - 2 homes - 1 shop

9. Location of place of use is: Township 51, Range 5, Section 8,  
SE 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. 51N05W-08-2330  
If different than shown in Item 4

for (check one) Domestic ☒ Stock ( ) Domestic and Stock ( )

Additional places of use, if any Shared well parcels: 057030010020, 057030010030

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

11. Do you own the property listed above as place of use? Yes ☒ 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.

Shared well or None ( )

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

I never received paperwork to file for these water rights.

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

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable provide IDWR Water Right Number \_\_\_\_\_

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 Coeur d'Alene-Spokane 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) [Signature] Date: 9/2/2025  
\_\_\_\_\_  
Date: \_\_\_\_\_

**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

\_\_\_\_\_  
Agent's title (Please print) of \_\_\_\_\_  
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 \_\_\_\_\_