

APR 26 2019

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 PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE 59576

NUMBER:

Ident. Number: 87-10072

Date Received: 4-26-2019

Receipt No.: N034242

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CITY OF POTLATCH	P.O. BOX 525	POTLATCH	ID	USA	83855

2. Date of Priority:

Date	Explanation
2/10/2012	This date is when the City applied for a water right permit for the Land Application Wastewater Irrigation Site.

3. Source:

Source	Tributary	Type
TREATED MUNICIPAL WASTEWATER	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	05W	1		NW	SW	LATAH

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	4 / 1	10 / 31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.200	0.00	0.0

Totals:

CFS	AF	KW
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0.200	0.00	
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8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	15.1

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	41N	05W	1	NE	SW	LATAH	-	0.1
IRRIGATION	41N	05W	1	NE	SW	LATAH	-	0.1
IRRIGATION	41N	05W	1	SE	SW	LATAH	-	15
IRRIGATION	41N	05W	1	SE	SW	LATAH	-	15

9. Basis of Claim:

Basis	WaterRight
License	87-10072

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 Palouse 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 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

Mayer David Y Braun of CITY of POTLATCH, ID.
 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 David Y Braun Date 4/18/19

Title and Organization MAYOR CITY OF POTLATCH, ID.

Please print name