

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 NUMBER: 59576

Claim ID: 87-10230

Date Received: 4-26-2019

Receipt No: N034235

Claim Fee: \$25.00 By: JD

RECEIVED

APR 26 2019

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

IDWR / NORTH

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

1. Name of claimant(s) Ralph R and/or Carol A Ownbey Phone (208) 301-7205
 Mailing address 1276 W Freeze Rd Potlatch ID Zip 83855
Street or Box City State
 Email address (optional) rownbey@cchsolutions.com
2. Date of priority: (Only one per claim) July 5, 1903 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
 which is tributary to (b) _____
4. Location of point of diversion is: Township 42, Range 5WBM, Section 23,
 1/4 of 1/4, or Govt. Lot BM, County of Latah;
 Parcel no. 1943
 Additional points of diversion, if any: _____
 If available, GPS coordinates: 46°57'39"N 116°55'53"W
5. 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.
One hand dug well 30' deep
One drilled well 100' Deep
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.04</u>			
For <u>Stock Water</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.02</u>			
7. Total quantity claimed 0.06 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic - 1 home and 1 accessory cottage Stock water - 2 goats, 36 chickens, 3 dogs

9. Location of place of use is: Township 42, Range 5WBM, Section 23,
1/4 of 1/4, Govt. Lot BM, Parcel no. 1943
for (check one) **Domestic** () **Stock** () **Domestic and Stock** (✓) If different than shown in Item 4

Additional places of use, if any _____

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

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.
_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):
Dug well was established in 1903. Drilled well was established circa 1935 and we have no exact records

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court Fifth Dist. Court Decree Date March 1, 2017 Plaintiff v. Defendant General Adjudication
If applicable provide IDWR Water Right Number Civil #59576

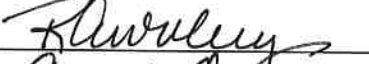
15. **Signature(s)**

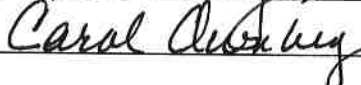
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Palouse River Basin Water System Adjudication."

(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: 0

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: April 23, 2019

 Date: April 23, 2019

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 _____