

DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 39N, Range 05W, Section 15,
NE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. SAME

If different than shown in Item 4

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

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):

APPROXIMATE DATE HOME COMPLETED AND WATER PUT TO USE

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 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: 1

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: APR. 25 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) RODGER DALE PEDERSEN Claim ID _____

Identify

Identify from: Tax Parcels

[-] Tax Parcels

+

 PEDERSEN, RODGER DALE

Location: 2,274,746.836 1,728,531.935 Meters

Field	Value
ID	11152633
UPDATED	2/20/2019
PIN	RP39N05W158115
OWNER	PEDERSEN, RODGER DALE
ADDRESS1	1560 MILL ROAD
ADDRESS2	
CITY	MOSCOW
STATE	ID
ZIPCODE	83843
P_ADDRESS	1560 MILL RD
P_ZIPCODE	83843
SUB_NAME	
LEGAL1	3 AC TAX #1508 N 1/2 SE
LEGAL2	15 39 5
LEGAL3	MH
LEGAL4	
LEGAL5	
LEGAL6	
ACRES	3.4
COUNTY	Latah
SOURCE	<null>
YEAR_BUILT	1964

Identified 1 feature