

**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: 87-10182**

Date Received: 5-6-2019

Receipt No.: NO34277

RECEIVED  
MAY 06 2019  
IDWR/NORTHERN

**1. Name of Claimant(s):**

| Name           | Address            | City   | State | Country | Postal Code |
|----------------|--------------------|--------|-------|---------|-------------|
| CHARLES CARTER | 2711 FOOTHILL ROAD | MOSCOW | ID    | USA     | 83843       |

## 2. Date of Priority:

| Date     | Explanation                            |
|----------|----------------------------------------|
| 6/1/1967 | Purchased property with existing well. |

### 3. Source:

| Source       | Tributary            | Type |
|--------------|----------------------|------|
| GROUND WATER | TRIBUTARY NOT NEEDED |      |

#### 4. Point Of Diversion:

| Township | Range | Section | Gov Lot | QQ | Q  | County |
|----------|-------|---------|---------|----|----|--------|
| 40N      | 05W   | 32      |         | SE | NW | LATAH  |

**5. Water is used for the following purpose(s):**

| Water Use | Number Of Homes | Stock | Description |
|-----------|-----------------|-------|-------------|
| 1         | 1               | 1     | 1           |
| 2         | 2               | 2     | 2           |
| 3         | 3               | 3     | 3           |
| 4         | 4               | 4     | 4           |
| 5         | 5               | 5     | 5           |
| 6         | 6               | 6     | 6           |
| 7         | 7               | 7     | 7           |
| 8         | 8               | 8     | 8           |
| 9         | 9               | 9     | 9           |
| 10        | 10              | 10    | 10          |
| 11        | 11              | 11    | 11          |
| 12        | 12              | 12    | 12          |
| 13        | 13              | 13    | 13          |
| 14        | 14              | 14    | 14          |
| 15        | 15              | 15    | 15          |
| 16        | 16              | 16    | 16          |
| 17        | 17              | 17    | 17          |
| 18        | 18              | 18    | 18          |
| 19        | 19              | 19    | 19          |
| 20        | 20              | 20    | 20          |
| 21        | 21              | 21    | 21          |
| 22        | 22              | 22    | 22          |
| 23        | 23              | 23    | 23          |
| 24        | 24              | 24    | 24          |
| 25        | 25              | 25    | 25          |
| 26        | 26              | 26    | 26          |
| 27        | 27              | 27    | 27          |
| 28        | 28              | 28    | 28          |
| 29        | 29              | 29    | 29          |
| 30        | 30              | 30    | 30          |
| 31        | 31              | 31    | 31          |
| 32        | 32              | 32    | 32          |
| 33        | 33              | 33    | 33          |
| 34        | 34              | 34    | 34          |
| 35        | 35              | 35    | 35          |
| 36        | 36              | 36    | 36          |
| 37        | 37              | 37    | 37          |
| 38        | 38              | 38    | 38          |
| 39        | 39              | 39    | 39          |
| 40        | 40              | 40    | 40          |
| 41        | 41              | 41    | 41          |
| 42        | 42              | 42    | 42          |
| 43        | 43              | 43    | 43          |
| 44        | 44              | 44    | 44          |
| 45        | 45              | 45    | 45          |
| 46        | 46              | 46    | 46          |
| 47        | 47              | 47    | 47          |
| 48        | 48              | 48    | 48          |
| 49        | 49              | 49    | 49          |
| 50        | 50              | 50    | 50          |
| 51        | 51              | 51    | 51          |
| 52        | 52              | 52    | 52          |
| 53        | 53              | 53    | 53          |
| 54        | 54              | 54    | 54          |
| 55        | 55              | 55    | 55          |
| 56        | 56              | 56    | 56          |
| 57        | 57              | 57    | 57          |
| 58        | 58              | 58    | 58          |
| 59        | 59              | 59    | 59          |
| 60        | 60              | 60    | 60          |
| 61        | 61              | 61    | 61          |
| 62        | 62              | 62    | 62          |
| 63        | 63              | 63    | 63          |
| 64        | 64              | 64    | 64          |
| 65        | 65              | 65    | 65          |
| 66        | 66              | 66    | 66          |
| 67        | 67              | 67    | 67          |
| 68        | 68              | 68    | 68          |
| 69        | 69              | 69    | 69          |
| 70        | 70              | 70    | 70          |
| 71        | 71              | 71    | 71          |
| 72        | 72              | 72    | 72          |
| 73        | 73              | 73    | 73          |
| 74        | 74              | 74    | 74          |
| 75        | 75              | 75    | 75          |
| 76        | 76              | 76    | 76          |
| 77        | 77              | 77    | 77          |
| 78        | 78              | 78    | 78          |
| 79        | 79              | 79    | 79          |
| 80        | 80              | 80    | 80          |
| 81        | 81              | 81    | 81          |
| 82        | 82              | 82    | 82          |
| 83        | 83              | 83    | 83          |
| 84        | 84              | 84    | 84          |
| 85        | 85              | 85    | 85          |
| 86        | 86              | 86    | 86          |
| 87        | 87              | 87    | 87          |
| 88        | 88              | 88    | 88          |
| 89        | 89              | 89    | 89          |
| 90        | 90              | 90    | 90          |
| 91        | 91              | 91    | 91          |
| 92        | 92              | 92    | 92          |
| 93        | 93              | 93    | 93          |
| 94        | 94              | 94    | 94          |
| 95        | 95              | 95    | 95          |
| 96        | 96              | 96    | 96          |
| 97        | 97              | 97    | 97          |
| 98        | 98              | 98    | 98          |
| 99        | 99              | 99    | 99          |
| 100       | 100             | 100   | 100         |

DOMESTIC 1 - Domestic

**6. Season(s) of Use:**

| Water Use | From Month/Day | To Month/Day |
|-----------|----------------|--------------|
| DOMESTIC  | 1 / 1          | 12 / 31      |

**7. Quantity:**

| Water Use | CFS   | AF   | KW  |
|-----------|-------|------|-----|
| DOMESTIC  | 0.010 | 0.00 | 0.0 |

**Totals:**

| CFS   | AF   | KW |
|-------|------|----|
| 0.010 | 0.00 |    |

**8. Place of Use:**

| Water Use | Township | Range | Section | QQ | Q  | County | Gov Lot | Acreage |
|-----------|----------|-------|---------|----|----|--------|---------|---------|
| DOMESTIC  | 40N      | 05W   | 32      | SE | NW | LATAH  | -       | -       |

**9. Basis of Claim:**

| Basis          |
|----------------|
| Beneficial Use |

**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 X 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: 5/2/19

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

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title \_\_\_\_\_ of \_\_\_\_\_ Organization

that I have signed the foregoing document in the space below as

Title \_\_\_\_\_ of \_\_\_\_\_ Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Title and Organization \_\_\_\_\_

Please print name