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

Ident. Number: 87-7192

Date Received: 5/14/2019

Receipt No: N034329

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

FRANKLIN F FOIT JR
900 SE THOMPSON RD
PULLMAN WA 99163

2. Date of Priority: 12/11/1995

3. Source: GNAT CREEK SPRING — Tributary to: SOUTH FORK PALOUSE RIVER GNAT CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4		Lot	County	Type
40N	05W	13	SE	SW		LATAH	
40N	05W	13	SE	SW		LATAH	

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1/01 12/31	0.01	1.2
WILDLIFE STORAGE	1/01 12/31		0.1

7. Total Quantity Appropriated is: 0.01 C.F.S. and/or 1.3 A.F.A

8. Non-irrigation uses:

Number of Homes: 1 Water Use Type Of Stock Number Of Stock

9. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
40N	05W	13	SE	SW		WILDLIFE STORAGE	
						Section Acres	

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
40N	05W	13	SE	SW		DOMESTIC	
						Section Acres	

Total Acres

10. Place of use in counties: LATAH

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

12. Other Water Rights Used:

13. Remarks:

Priority date description: It was the year in which I started construction of the residence.

Description of use:

Water Use	Description
DOMESTIC	domestic (sinks, shower, toilet)
WILDLIFE STORAGE	a pond supporting wildlife

14. Basis of Claim: License

15. Signature(s)

For Individuals: I/We do solemnly swear or affirm under penalty or 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 or perjury that I am

_____ of _____,
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 _____ Date: _____

Title and Organization _____
Please print name