

RECEIVED
MAY 14 2019
DEPT. OF WATER RESOURCES

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: 87-10313

Date Received: 5-14-2019

Receipt No.: N034406

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SUSAN KAY CHAMBERLIN	2620 E PALOUSE RIVER	MOSCOW	ID	USA	83843

2. Date of Priority:

Date	Explanation
9/1/1996	I owned the property when the well was drilled in 1996.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
39N	05W	16		SW	SE	LATAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Lawn irrigation.

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	0.110	0.00	0.0

Totals:

CFS	AF	KW
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0.110 0.00

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	39N	05W	16	SW	SE	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 ___ 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): Susan K Chamberlain Date: 5/14/19

_____ Date: _____

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