

RECEIVED
MAY 16 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: 87-10366

Date Received: 5-16-2019

Receipt No.: N034583

JD

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LEE FRANKLIN	1290 GOLD HILL RD	PRINCETON	ID	USA	83857
LAYNA FRANKLIN	1290 GOLD HILL RD	PRINCETON	ID	USA	83857

2. Date of Priority:

Date	Explanation
4/1/1969	To the best of my knowledge, the house was using water in 1969 when my grandfather started building the house and has been used for domestic purposes since that time.

3. Source:

Source	Tributary	Type
SPRING	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
42N	04W	27		SE	NW	LATAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

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	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	42N	04W	27	SE	NW	LATAH	-	-
DOMESTIC	42N	04W	27	SW	NE	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): Lee Franklin Date: 05/16/19
_____ 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