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

Ident. Number: 87-10376

Date Received: 5/17/2019

Receipt No: T106871

Received By:

**NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

DANIAL CASTLE Phone:(208) 640-3317
1050 GREENVIEW LN
MOSCOW ID 83843

2. Date of Priority: 5/1/2002

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of 1/4 of 1/4 | Lot | County | Type |
|---|---|---|---|---|---|---|
| 40N | 05W | 8 | NW SE | | 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 /1 12/31 | 0.02 | 0 |

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 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 | 8 | NW SE | | 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: Well report says that well was completed in 2002 under my name Dan Castle

| Description of use: | Water Use | Description |
|---|---|---|
| | DOMESTIC | Domestic for one home with some lawn |

14. Basis of Claim: Beneficial Use

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