

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 NUMBER: 59576

Claim ID: 87-10880

Date Received: 5-15-2019

Receipt No: H034473

Claim Fee: \$2500 By: LW

RECEIVED

MAY 15 2019

DEPT. OF WATER RESOURCES

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) LINEHAND TRUST Phone (509) 338-1636
Mailing address 434 RIDGE RD MOSCOW ID 83843-2522
Street or Box City State Zip
Email address (optional) _____
- Date of priority: (Only one per claim) 1900 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 38N, Range 05W, Section 24,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RP38N05W244824A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
WELL WITH PIPELINE TO HOME
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
- Total quantity claimed 0.02 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME, STOCKWATER USE FOR UP TO 5 HORSES

9. Location of place of use is: Township 38N, Range 05W, Section 24,

NE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. SAME

If different than shown in Item 4

for (check one) **Domestic** () **Stock** () **Domestic and Stock** (✓)

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? LATAH

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

WHEN PROPERTY WAS FIRST HOMESTEADED

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Palouse River Basin Water System 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: 2

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: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Trustee

Agent's title (Please print)

of Linehan Trust

Name of organization (Please print)

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

Signature of Authorized Agent G. Linehan

Date 5/15/19

Printed Name of Authorized Agent GREG LINEHAN

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) LINEHAND TRUST

Claim ID _____

IDAHO RESIDENTIAL PROPERTY RECORD
Inquiry

Screen 1

Parcel No RP 38N05W244824 A Sheet No 1 of 1
 Property address 1080 EIKUM RD 83832
 Other improvements only?
 Inspected by AA Date 9/16/2014 Review year 2015
 Purchase price Date
 Monthly rent Date
 Multiple addresses/rents? N
 Class 3 Manual used 3
 Use code 3128 2005 Oregon Manual
 No of units 1 Sketch stored
 Market grade 3 Photo stored
 Year built 1900 HO applies
 Year remodeled 1990 Exempt sheet
 Eff age/year / 1940 Prebuilt
 Shape code B Building permit
 Date occupied Under construction

Land data to view? N

F2=Start F3=Exit F4=Inv F5=OI



1 inch = 400 feet



This map is provided by Latah County Assessor.
Due to the variability of sources used, Latah County
makes no claims or warranties regarding the data
contained herein

Cartographer: Debbie Jacobs