

**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: 87-2026

Date Received: 6/11/19

Receipt No.: H034796

**RECEIVED
JUN 11 2019
IDWR/NORTH**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CHRISTY OLSON FENWICK	100 WATERBIRD LANDING	COOLIN	ID	USA	83843-7442

2. Date of Priority:

Date	Explanation
7/14/1966	

3. Source:

Source	Tributary	Type
PALOUSE RIVER	PALOUSE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
39N	05W	10		NE	NE	LATAH

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	6 / 1	10 / 1

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.090	2.00	0.0

Totals:

CFS	AF	KW

0.090 2.00

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	3

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	39N	05W	10	NE	NE	LATAH	-	3.3

9. Basis of Claim:

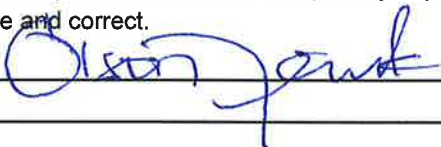
Basis	WaterRight
License	87-2026

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):  Date: 6/11/19
 _____ 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