

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: 87-7060Date Received: 6/11/19Receipt No: N034770Claim Fee: 25- By: LH

RECEIVED

JUN 11 2019

DEPT. OF WATER RESOURCES

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) DAVE C. AGIDIUS + Phone (208) 301 4067Mailing address LUCINDA L AGIDIUS
Street or Box 1155 CRYSTALINE LN City MOSCOW State ID Zip 83843Email address (optional) PAGIDIUS@MOSCOW-ID.COM2. Date of priority: (Only one per claim) 07/24/1979 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) ☒ Ground Water () or Other (☒) Springs
which is tributary to (b) Sinks4. a. Location of point of diversion is: Township 40N, Range 05W, Section 25,
NE 1/4 of SU 1/4, Govt. Lot _____, BM, County of LATAH

Parcel no. _____

Additional points of diversion, if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,

Govt. Lot _____, BM, County of _____

Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,

Govt. Lot _____, BM, County of _____

5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.POND, PUMP, PIPES

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For IRRIGATION purposes from 3/15 to 11/15 amount .02 or 9.7 AFA

For IRRIGATION STORAGE purposes from 1/01 to 12/31 amount _____ or 1 AFA

For IRRIGATION FROM STREAMS purposes from 3/15 to 11/15 amount _____ or 1 AFA

For Domestic purposes from 1-1 to 12-31 amount 0.02 or 1.2 1 cfs 6/11/19

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) _____

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
<u>40N</u>	<u>5W</u>	<u>25</u>			<u>X</u>						<u>8</u>								<u>8</u>

Parcel no(s) _____ Total number of acres irrigated 8

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

11. Do you own the property listed above as place of use? Yes (☒) No ()
If your 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.
Domestic well or None () 6/11/19

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

WATER RIGHT No. 87-7060

Name of claimant(s) PARK C. ABIDINS / LUCIANA E. ABIDINS

Claim ID _____

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 87-7060

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 (X) 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) [Signature] Date: 06/11/19

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

Agent's title (Please print) of _____
Name of organization (Please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of 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) PAUL C. AGUIRRE / LUCIANA L. AGUIRRE Claim ID _____