

**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: 87-10579

Date Received:

Receipt No.: N034780

RECEIVED
JUN 11 2019

DEPT. OF WATER RESOURCES

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DANIEL WALSER	1565 HIGHWAY 6	POTLATCH	ID	USA	83855
ANITA WALSER	1565 HIGHWAY 6	POTLATCH	ID	USA	83855

2. Date of Priority:

Date	Explanation
6/1/1967	We purchased the property from father around 1967, and at that time the pond was in place.

3. Source:

Source	Tributary	Type
SPRING	DEEP CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
43N	05W	35		NE	NE	LATAH

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

Water Use	Number Of Homes	Stock		Description
STOCK WATER	-	Type of Stock	Number of Stock	Drink directly from the pond.
		Cattle	11 - 25	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.000	3.00	0.0

Totals:

CFS	AF	KW
0.000	3.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	43N	05W	35	NE	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):

Daniel H. W. plaser
Anita L. Halser

Date:

June 11, 2019
June 11, 2019

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