

RECEIVED

JUL 01 2019

DEPARTMENT OF
WATER RESOURCES

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

Ident. Number: 87-10196

Date Received:

Receipt No: T106720

Claim Fee: \$25.00

Received By: Cf
D.E. Updated

AMENDED

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

1. Name of Claimant(s)

DAVID TROY
2794 HWY 95
GENESEE ID 83832

Phone: (208) 743-3541

2. Date of Priority: 4/14/1900

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
37N	05W	2	SW SW		LATAH	

5. Description of diverting works:

Well

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	1 /1	12/31	0.01		
STOCKWATER	1 /1	12/31	0.01		

7. Total Quantity Appropriated is:

0.01 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

Home, garage, barn, shop, personal office, yard, shed

All water drawn from well to supply home, garage, shop, barn, yard, livestock water

9. Place of use:

DOMESTIC within LATAH County

Township	Range	Section	¼	of	¼	Lot	Acres
37N	05W	2	SW		SW		

STOCKWATER within LATAH County

Township	Range	Section	¼	of	¼	Lot	Acres
37N	05W	2	SW		SW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used: None

12. Remarks:

Priority Date Explanation:

Homestead location built originally in 1899. Current well location since approximately 1965 to serve the home and property.

13. Basis of Claim: Beneficial Use

14. Signature(s)

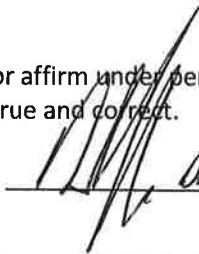
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the PALOUSE River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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):

 DAVID S. TROI

Date:

6/27/19

Date: