

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: 87-10748

Date Received: 6/18/2019

Receipt No: N034846

Received By:

RECEIVED

JUL 05 2019

IDWR / NORTH

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

KMH TRUST
1090 GUERNESY CUT OFF
POTLATCH ID 83855

2. Date of Priority:

~~12/31/2005~~

6-10-96

Well Permit # 87-96-N-22

3. Source:

GROUND WATER

Tributary to:

Whelan Kott Well Drilling

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
41N	04W	16	SW SW		LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.02	
STOCKWATER	01/01 12/31	0.04	

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Mixed Stock	16

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	04W	16	SW SW		DOMESTIC	

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	04W	16	SW SW		STOCKWATER	

Section Acres

Total Acres

10. Place of use in counties: LATAH

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

12. Other Water Rights Used:

13. Remarks:

Priority date description: New existing well replaced hand dug well.

Description of use: Water Use Description

DOMESTIC

STOCKWATER

16 head of livestock

14. Basis of Claim: Beneficial Use

15. Signature(s)

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Lous M Blair Date: 7.2.19

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

_____, Title _____ of _____ Organization

That I have signed the foregoing document in the space below as

_____, Title _____ of _____ 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