

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: 87-10535

Date Received: 5-14-2019

Receipt No: 1034531

Claim Fee: 25.97 By:

RECEIVED

MAY 14 2019

DEPT. OF WATER RESOURCES

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

Please type or print clearly

- Name of claimant(s) Norma Bishop Phone (208) 882-7440
Mailing address 3853 Moscow Mt. Rd Moscow Id Zip 83843
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 7/28/1987 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 40 N, Range 5 W, Section 26,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of _____
Parcel no. RP 40N05W26 0316 A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, 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.
Well with pipeline to home
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 1-1 to 12-31 amount 0.02
Month/Day Month/Day cfs () or AFY ()
For Stock purposes from 1-1 to 12-31 amount 0.02
Month/Day Month/Day cfs () or AFY ()
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home 4 horses 25 chicken

9. Location of place of use is: Township 40N, Range 5W, Section 26,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. same
for (check one) Domestic () Stock () Domestic and Stock (✓)
If different than shown in Item 4

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the 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.

_____ or None (✓)

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

Date pump went into well see attachment

14. Basis of claim (check one) Beneficial Use (✓) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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) Norma L. Bishop Date: 5/14/19

_____ 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

_____ of _____,
Agent's title (Please print) 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 of behalf on 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) _____ Claim ID _____



Date 1-6-87

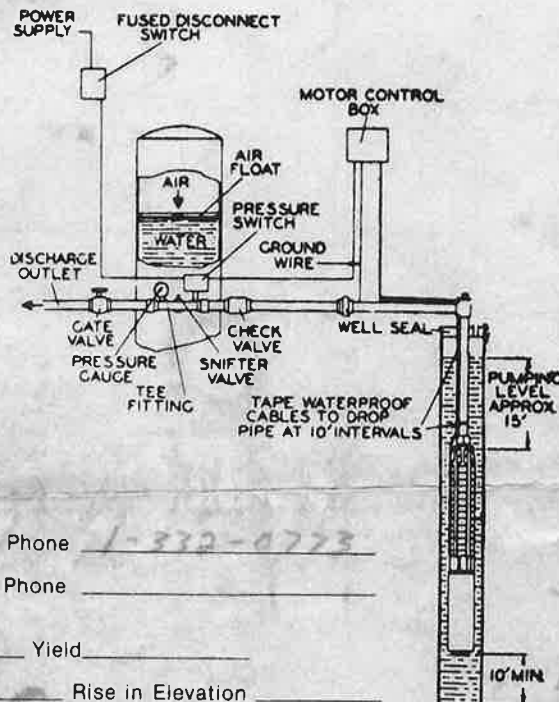
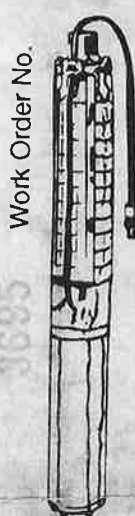
Customer GARY BISHOP

Address 2107 775 Hall Dr.

Location _____

Well Diameter _____ Depth _____ Static Level _____ Yield _____

Desired Pumping Yield _____ Distance from Well to House _____ Rise in Elevation _____



NOTE: Total price includes only items listed. All prices are firm at time of quotation only. This contract is payable in full upon receipt of final notice. A LATE FEE of one and a half per cent (1½%) per month shall be charged on all sums not paid within 10 days from date of invoice. Materials can be repossessed until bill is paid in full. In case of any legal action, customer is to pay all attorney fees and cost of suit.

CUSTOMER'S SIGNATURE BELOW SIGNIFIES ACCEPTANCE AND FULL UNDERSTANDING OF THIS CONTRACT.

Customer _____ Ponderosa _____

PONDEROSA WATER SYSTEMS — A Division of Ponderosa Drilling & Development, Inc. • E. 6010 Broadway • Spokane, WA 99212

Subtotal	36.95.77
Sales Tax	
TOTAL PRICE	

Date 7-6-82