

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

RECEIVED
MAY 16 2019

DEPT. OF WATER RESOURCES

CIVIL CASE NUMBER: 59576

Claim ID: 87-10717

Date Received: 5-16-2019

Receipt No: X034540

Claim Fee: 25.00 By:

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) Craig and Enid Fountain Phone (208) 882-4016
Mailing address PO Box 1885 Paradise Ridge Rd Moscow ID Zip 83843
Street or Box City State
Email address (optional) efountain@moscow.com
- Date of priority: (Only one per claim) 9/1/1958 (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 39 N, Range 05 W, Section 20,
1/4 of _____ 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RP 39N05W204255A
Additional points of diversion, if any: _____
If available, GPS coordinates: 46° 42' 44.37" N, 116° 59' 32.24" W (shop)
- 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.
Block lined well 10' x 10' x 20' deep.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For domestic purposes from Jan 1 to Dec 31 amount .04 cfs (X) or AFY ()
For shop and agricultural purposes from _____ to _____ amount _____
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs (X) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 Home (shop/mobile home)

9. Location of place of use is: Township 39N, Range 05W, Section 20,

 1/4 of 1/4, Govt. Lot BM, Parcel no.
If different than shown in Item 4

for (check one) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any

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

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):

well dug when shop was built in 1958.

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 (☒) 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) Craig Fountain Date: 5/16/19
Eric Fountain Date: 5/16/19

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