

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: 87-16723

Date Received: 5-14-2019

Receipt No: N034544

Claim Fee: \$2500 By: _____

RECEIVED

MAY 16 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

1. Name of claimant(s) L. Orelia Mindew Phone (208) 875-0208

Mailing address 1225 Quartz Cr. Ad Harvard, RI Zip 83834
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 4-9-002 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____

4. Location of point of diversion is: Township 41 N, Range 03W, Section 2,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of _____

Parcel no. RP41N03W02T227A

Additional points of diversion, if any: _____

If available, GPS coordinates: _____

5. 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 Piped to home

6. 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 0.02 Lom
Month/Day Month/Day cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed, 0.02 Lom cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

domestic use for 1 home

9. Location of place of use is: Township 41N, Range 03W, Section 2

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. same

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? Latah county

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):

When Trailer was hooked to well

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) L. Bruetta Menden Date: 5-16-19

_____ 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 _____

COMPLETE HOME SERVICE, LLC INVOICE

INVOICE

SHIPPED TO

IRVING-ORUTTA MEWDE
1255 QUARTZ CRK RD
HARVARD, I.O. 83834

4-19-02

54 39376

1022

QUANTITY

DESCRIPTION

PRICE	AMOUNT
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AMOU

REPLACE FLUSH VALVE - DEFECTIVE

No Phone Line Run to Kitchen
Phone Tack - Run Wire

Tha k Gass
F. W. Gass

~~4-19-02~~

ALL WORK COMPLETE