

**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 59576

NUMBER:

Ident. Number: 87-10654

Date Received: 6-13-19

Receipt No.: N084550

RECEIVED
JUN 13 2019
DEPT. OF WATER RESOURCES

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
VIRGINIA ANNA SONCARTY	1009 STRONG LANE	POTLATCH	ID	USA	83855

2. Date of Priority:

Date	Explanation
11/22/1965	Date the well was built. Mrs Soncarty provided a well receipt from the driller.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
43N	04W	30		SW	SE	LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0

Totals:

CFS	AF	KW
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0.040 0.00

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	43N	04W	30	SW	SE	LATAH	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. 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 ___ 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):

Virginia Sencart

Date:

6-13-2019

Date:

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

_____ of _____
Title Organization

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

_____ of _____
Title 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

Print Claim Stub

Thank you for submitting your claim to IDWR.

If paying in person, please print this page and bring it with you.

If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.

Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

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Claim Number: 87-10654

Claim Fee: \$25.00

Claimant(s): VIRGINIA ANNA SONCARTY

1009 STRONG LANE
POTLATCH, ID
83855

Claimed Purpose(s) of Use: DOMESTIC

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Office address and phone number:

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800



Cartographer: Debbie Jacobs

IDAHO RESIDENTIAL PROPERTY RECORD
Inquiry

Screen 1

Parcel No RP 43N04W308430 A Sheet No 1 of 1
Property address 1009 STRONG LN 83855
Other improvements only?
Inspected by AADS Date 12/18/2017 Review year 2018
Purchase price _____ Date _____
Monthly rent _____ Date _____
Multiple addresses/rents? N
Class 4 Manual used 3
Use code 3111 2005 Oregon Manual
No of units 1 Sketch stored _____
Market grade 4 Photo stored _____
Year built 1966 HO applies _____
Year remodeled _____ Exempt sheet _____
Eff age/year / Prebuilt _____
Shape code B Building permit _____
Date occupied _____ Under construction _____

Land data to view? N

F2=Start F3=Exit F4=Inv F5=OI