

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: 87-10771

Date Received: 5-16-2018

Receipt No: N034581

Claim Fee: \$25.00 By: [Signature]

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

- Name of claimant(s) Douglas A Scoville Phone (208) 858 2132
Mailing address 1240 Scoville Rd Potlatch Idm Zip 83855
Street or Box City State
Email address (optional) Scovdb@potlatch.com
- Date of priority: (Only one per claim) 4/1/1954 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY) Date well was drilled & cased
- Source of water supply (Check one) Ground Water () or Other (x) (a) Domestic Use
which is tributary to (b) _____
- Location of point of diversion is: Township 42N, Range 5W, Section 29,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Latah;
Parcel no. 298869A
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 Drilled & cased 8" depth 160' - 1 1/2" pipe - 3HP Pump 15gpm - To Bedrock
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic + Stock purposes from 1-1 to 12-31 amount Normal
Month/Day Month/Day cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 15gpm pumped cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
for 1 home + 4 cows beef 3 months - 2 adults

9. Location of place of use is: Township 42 N, Range 5 W, Section 29,

_____ 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? 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):

Well drilled approx 4/1/54 to replace Hand dug well 40' from the
early 1920 - pump 3 HP + 1 1/2" piped - 15 gpm Pump -

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: 1

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) Douglas A. Doudle Date: 5/15/2019

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

Agent's title (Please print) _____ of _____
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 _____



MAKE CHECKS PAYABLE TO:

Latah County Tax Collector
P.O. Box 8068
Moscow, ID 83843
PHONE: (208)883-2296

2018 TAX BILL / RECEIPT

PARCEL NUMBER: RP42N05W298869A BILL NUMBER:2116

CODE AREA: 53-0000

BANK CODE:

TOT ACRES 4.900

LAND 57,800
 IMPRVMT 329,003
 TOT MKT 386,803
 HO EXEMPT 100,000
 NET MKT 286,803

7038 RP42N05W298869A **AUTO**5-DIGIT 83843 15



SCOVILLE DOUG A
 & SCOVILLE BARBARA G H W
 1240 SCOVILLE RD
 POTLATCH ID 83855-8711

PROPERTY ADDRESS:
 1240 SCOVILLE RD 83855

LEGAL DESCRIPTION:
 4.90 AC TAX #7168 SWSE
 29 42 5

PERCENTAGE BY DISTRICT		TAXING DISTRICT	RATE	AMOUNT
	30.8 %	COUNTY	.004214402	1,208.70
	4.1 %	LIBRARY	.000561539	161.04
	47.4 %	SD 285-POTLATCH		
		SD #285 SUPLMNT	.006489157	1,861.10
		SD#285 - TORT		
	9.7 %	N LATAH HWY	.001335717	383.08
	0.9 %	FREEZE CEM	.000123733	35.48
	4.6 %	POTLATCH FIRE	.000631814	181.20
	2.2 %	POTLATCH REC	.000310764	89.12
		AMOUNT DUE	.013667126	3,919.72

*NOTE-CALL FIRST, IF DELINQUENT AMT DUE

★★★IMPORTANT★★★
 PLEASE READ BOTH FRONT AND BACK
 ★★★ MONTHLY PAYMENTS ARE ACCEPTED ★★★

TO AVOID LATE CHARGES, PAYMENTS MUST BE
 RECEIVED OR POSTMARKED BY THE DUE DATE.

Payments: We accept credit cards over the counter, via telephone and on-line. There will
 be a 2.50% convenience fee charged by the credit card company.
 On-Line Payments: <http://www.latah.id.us/treasurer/>



FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
 PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

First Half Tax Due: 1,959.86
 Second Half Tax Due: 1,959.86
 Total Tax Due: 3,919.72



orig Dug well 19 24 40'
 new well Drill 19 54 Cased
 160'

2ND HALF

1,959.86



Latah County Tax Collector
 P.O. Box 8068
 Moscow, ID 83843

Account: SCOVILLE DOUG A
 Parcel Number: RP42N05W298869A
 Bill Number: 21169
 Code Area: 53-0000
 DUPLICATE IF NOT PAID ON OR BEFORE

LATE
 INT
 COST
 TOTAL

JUNE 20, 2019

TO AVOID LATE FEE MAIL BY THE 19TH