

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: 87-10772

Date Received: 5-16-2019

Receipt No: W034581

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

1. Name of claimant(s) Scoville Farms Inc By Doug As A Scoville Phone (208) 858 2132

Mailing address 1240 Scoville Rd Potlatch Ida Zip 83855
Street or Box City State

Email address (optional) Scovdb@potlatch.com

2. Date of priority: (Only one per claim) 7/1/1941 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY) Date original well drilled new well drilled + cased approx 1970

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

4. Location of point of diversion is: Township 42N, Range 05W, Section 28
3A 1/4 of SW 1/4, or Govt. Lot _____ BM, County of _____

Parcel no. 281308A

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.
original 50' well drilled cased 6" - new well drilled + cased 8" - 50ft away 65' depth into bed rock to stop sand perle - old well is building + not able to set disser over hole

6. 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 Month/Day to 12-31 Month/Day cfs () or AFY () amount normal

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 15 gpm pump cfs () or AFY ()

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

Service 1 home + family

9. Location of place of use is: Township 42N, Range 5W, Section 28,

SE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. 281 308 A

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 65' cased 8" - 50' away from original 50' 6" case
pump 3HP - 1 1/2 steel pipe - 15 gpm

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) _____ Date: _____

_____ 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

Douglas A Scoville
Scoville Farms Inc
Agent's title (Please print)

President of Scoville Farms Inc
Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Douglas A Scoville Date 5/5/2019

Printed Name of Authorized Agent Douglas A Scoville

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: RP42N05W281308A BILL NUMBER:211

CODE AREA: 53-0000
BANK CODE:

TOT ACRES 360.000

LAND 337,088
IMPRVMNT 179,028
TOT MKT 516,116

SCOVILLE FARMS INC
1240 SCOVILLE RD
POTLATCH ID 83855

PROPERTY ADDRESS:
1294 SCOVILLE RD 83855

LEGAL DESCRIPTION:
S 1/2 NE; NW 1/4; W 1/2 SW;
SESW
28 42 5

PERCENTAGE BY DISTRICT		TAXING DISTRICT	RATE	AMOUNT
	30.8 %	COUNTY	.004214402	2,175.12
	4.1 %	LIBRARY	.000561539	289.82
	47.4 %	SD 285-POTLATCH		
		SD #285 SUPLMNT	.006489157	3,349.16
		SD#285 - TORT		
	9.7 %	N LATAH HWY	.001335717	689.38
	0.9 %	FREEZE CEM	.000123733	63.86
	4.6 %	POTLATCH FIRE	.000631814	326.08
	2.2 %	POTLATCH REC	.000310764	160.38
		AMOUNT DUE	.013667126	7,053.80

*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.



2ND HALF

3,526.90



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

Account: SCOVILLE FARMS INC
Parcel Number: RP42N05W281308A
Bill Number: 21163
Code Area: 53-0000

LINQUENT IF NOT PAID ON OR BEFORE

LATE
INT
COST
TOTAL

JUNE 20, 2019

TO AVOID LATE FEE MAIL BY THE 19TH

First Half Tax Due: 3,526.90
Second Half Tax Due: 3,526.90
Total Tax Due: 7,053.80

orig well 1941 - 50'
new well to clear 1 65' cased
moved 50 ft + un
a garage so coal
not go over-hole