

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: 87-10924

Date Received: 5-23-19

Receipt No: N0341643

Claim Fee: \$2500 By: JA

RECEIVED

MAY 23 2019

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) AUGUST DEERKOP & SONS, INC Phone (208) 875-0989
Mailing address 5656 HWY 95 N POTLATCH ID 83855
Street or Box City State Zip
Email address (optional) _____
2. Date of priority: (Only one per claim) 1961 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) DEEP CREEK
which is tributary to (b) PALOUSE RIVER
4. a. Location of point of diversion is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____, BM, County of _____
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township 42N, Range 05W, Section 26, NW 1/4 of SW 1/4,
Govt. Lot _____, BM, County of LATAH
Ending point is: Township 42N, Range 05W, Section 26, SW 1/4 of SW 1/4,
Govt. Lot _____, BM, County of LATAH
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
IN-STREAM STOCKWATER

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)
For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.02 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) IN-STREAM STOCKWATER FOR UP TO 50 HEAD OF MIXED STOCK

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
42N	05W	26										S	S						

Parcel no(s) RP42N05W264900 Total number of acres irrigated _____

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 your answer is No, describe in Remarks below the authority you have to claim this water right.

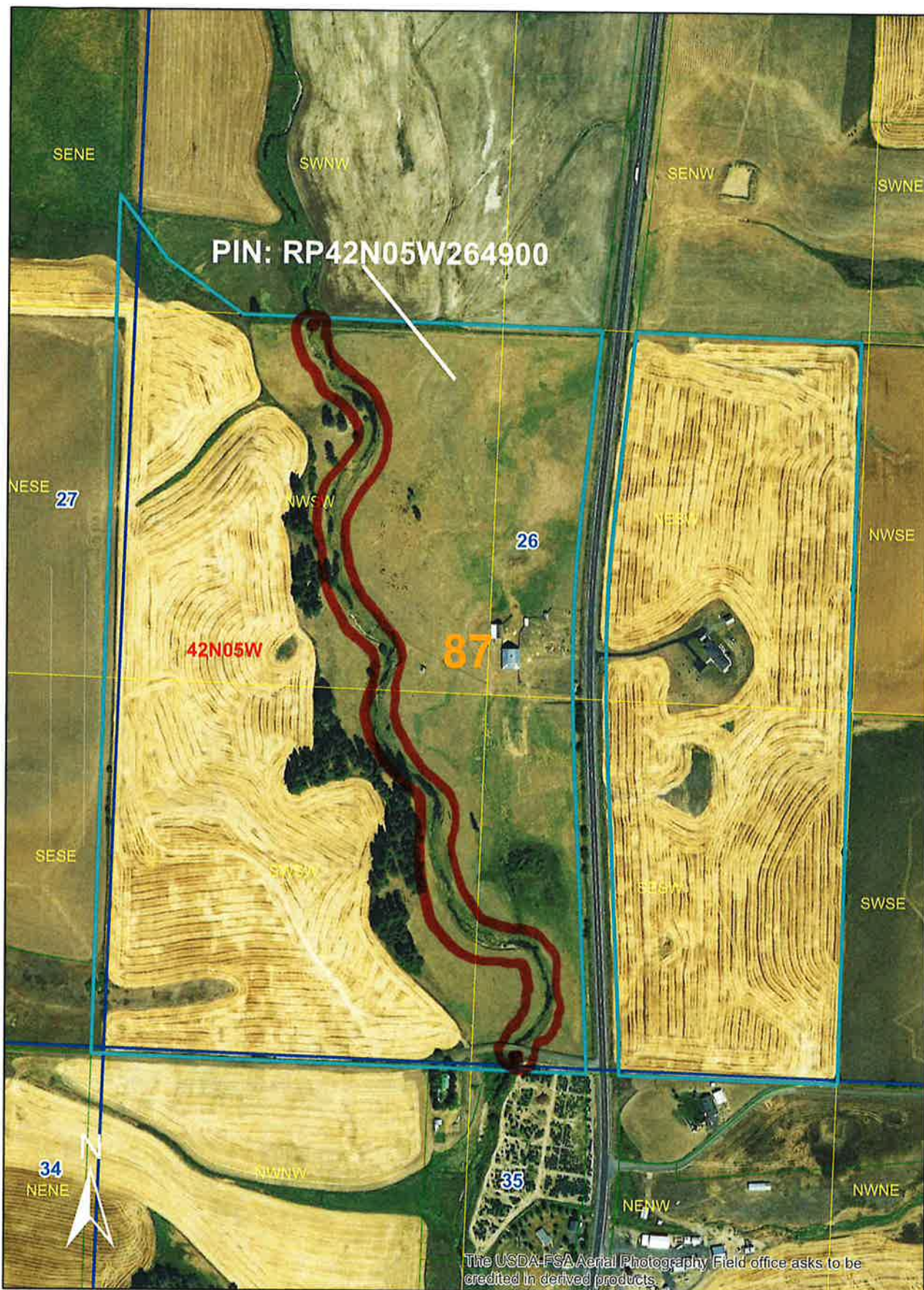
12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (☒)

13. Remarks (Include an explanation of the priority date selected):

APPROXIMATE DATE STOCK WERE FIRST RANGED ON LAND

Name of claimant(s) AUGUST DEERKOP & SONS, INC Claim ID _____

PARCEL LOCATION FOR PRBA CLAIM



August Deerkop & Sons, Inc

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) _____ 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

PRESIDENT of AUGUST DEERKOP & SONS, Inc
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 Barbara Deerkop Date 23 May 2019

Printed Name of Authorized Agent BARBARA DEERKOP

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of 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) AUGUST DEERKOP & SONS, INC Claim ID _____