

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: 87-10927

Date Received: 5-24-2019

Receipt No: N034649

Claim Fee: 125.9 By: JB

RECEIVED

MAY 24 2019

IDWR/NORTHERN

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) SHARON L WILKINS Phone (509) 595-0936
 Mailing address 1850 HWY 95 NORTH MOSCOW ID 83843
Street or Box City State
 Email address (optional) _____
2. Date of priority: (Only one per claim) 12/31/1953 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
 which is tributary to (b) _____
4. Location of point of diversion is: Township 39N, Range 05W, Section 05,
SW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of LATAH;
 Parcel no. RP39N05W053910
 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	Month/Day 01/01	to	Month/Day 12/31	amount	cfs (✓) or AFY () 0.04
For _____		purposes from		to		amount	
7. Total quantity claimed 0.04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE ONE HOME

9. Location of place of use is: Township 39N, Range 05W, Section 05,
SW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. RP39N05W053910
for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

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):
TAX PARCEL YEAR BUILT

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.
Number of attachments: 2

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) Sharon L Wilkins **Date:** 05/20/2019

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) SHARON L WILKINS Claim ID _____

PARCEL LOCATION FOR CSRBA CLAIM



A - well
B - Yard
C - House

Identify

Identify from: Tax Parcels

- Tax Parcels

WILKINS, SHARON L

Location: 2,270,811.576 1,732,241.882 Meters

Field	Value
ACRES	6.1
ADDRESS1	1850 HIGHWAY 95 N
ADDRESS2	
CITY	MOSCOW
COUNTY	Latah
ID	11148886
LEGAL1	5.0 AC TAX #1376 SWNW
LEGAL2	5 39 5
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	
OWNER	WILKINS, SHARON L
P_ADDRESS	1850 HWY 95 N
P_ZIPCODE	83843
PIN	RP39N05W053910
SOURCE	<null>
STATE	ID
SUB_NAME	
UPDATED	2/20/2019
YEAR_BUILT	1953
ZIPCODE	83843

Identified 1 feature

Identify

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