

# 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: 87-10987Date Received: 6-3-2019Receipt No: N034708Claim Fee: \$25.00 By: DL

RECEIVED

JUN 03 2019

IDWR / NORTH

## 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) Edward J. Wolf Phone ( 509 ) 229-3212  
 Mailing address 2351 SR 195 Uniontown Wa. Zip 99179  
Street or Box City State  
 Email address (optional) \_\_\_\_\_
2. Date of priority: (Only one per claim) 12/31/1903 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other ( ) ( ) \_\_\_\_\_  
 which is tributary to (b) \_\_\_\_\_
4. Location of point of diversion is: Township 38n, Range 06w, Section 36,  
se 1/4 of se 1/4, or Govt. Lot BM, County of Latah;  
 Parcel no. RP38N06W364822  
 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 to House through pipe 100' away.
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<br>1/1 | to | Month/Day<br>12/30 | amount | cfs (✓) or AFY ( ) |
|-----|------------|---------------|------------------|----|--------------------|--------|--------------------|
|     |            |               |                  |    |                    |        | 0.04               |
|     | Stockwater | purposes from | 1/1              | to | 12/30              | amount | 0.02               |
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 for one home and Stock up 10 to 15 head mixed.

9. Location of place of use is: Township 38n, Range 06w, Section 36

se 1/4 of se 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. same

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 County

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):

### Year built as per county records in Latah County

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: 0

**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: 5-29-19

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)

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