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IDWR/NORTHERN

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 59576

NUMBER:

Ident. Number: 87-10392

Date Received: 6-5-2019

Receipt No.: N034726

JD

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DENNIS AND MAGGIE SCOTT	PO BOX 54	PALOUSE	WA	USA	99161

2. Date of Priority:

Date	Explanation
1/1/1980	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
39N	05W	6	1			LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	general household use

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW

DOMESTIC | 0.030 | 0.00 | 0.0

Totals:

CFS	AF	KW
0.030	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	39N	05W	6			LATAH	1	-

9. Basis of Claim:

Basis

Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Palouse River Basin 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):

Jennie Scott
Maggie Scott

Date: 5-30-19

Date: 5-30-19

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name

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Print Claim Stub

Thank you for submitting your claim to IDWR.

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Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

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Claim Number: 87-10392

Claim Fee: \$25.00

Claimant(s): DENNIS AND MAGGIE SCOTT

PO BOX 54
PALOUSE, WA
99161

Claimed Purpose(s) of Use: DOMESTIC

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Office address and phone number:

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