

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: 87-11013

Date Received: 6-12-19

Receipt No: N034858

Claim Fee: 25⁰⁰ By: ja

RECEIVED

JUN 12 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

- Name of claimant(s) Catherine Ann Harper and Joanne Buteau Phone (208) 858-2119
Mailing address 1405 Duffield Flat Road Potlatch, Idaho Zip 83855
Street or Box City State
Email address (optional) rper3472@potlatch.com
- Date of priority: (Only one per claim) 1947 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 42, Range 5, Section 19,
E 1/2 ~~1/4~~ of NE 1/4, or Govt. Lot _____, BM, County of Latah;
Parcel no. RP42NO5W191959A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 (35' deep) in yard, pumped ~30' to house via pump in basement. Standard sized pipelines divert water to 3 faucets (~30', ~150', ~180') for lawn-garden area (~1/2 acre). Pipeline (~250') to barn animal troughs.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>0.04</u>			
For <u>Stockwater</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>0.02</u>			
- Total quantity claimed 0.06 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic: 1 home; Stockwater: 3-5 head horses

9. Location of place of use is: Township 42, Range 5, Section 19,

E 1/2 ~~1/4~~ of NE 1/4, Govt. Lot _____ BM, Parcel no. RP42NO5W191959A

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):

This house was built in 1947, at which time water was put to beneficial use.

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 (parcel description)

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) Catherine A. Harper Date: 6-10-19

Joanne Butts Date: 6/10/19

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

_____ of _____
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 _____

PARCEL NUMBER: RP42N05W191959A
Total Acres: 10.03

1405 Duffield Flat Road, Pottlatch, ID 83855

SCHEDULE C

The land referred to in this policy is situated in the State of Idaho and is described as follows:
County of Latah

A tract of land located in the E~~1~~²NE~~4~~⁴ of Section 19, Township 42 North, Range 5, W.B.M. and described as follows:

Beginning at the East quarter corner of said Section 19; thence N. 62° 32' W. 735.7 feet to the point in the centerline of existing county road, said point being the TRUE POINT OF BEGINNING; thence N. 52° 13' W. 67.9 feet; thence North 976.7 feet; thence N. 89° 58' E. 700.2 feet to the centerline of existing county road; thence S. 8° 47' W. along said centerline 111.2 feet; thence S. 15° 05' W. along said centerline 91.4 feet; thence S. 25° 00' W. along said centerline 95.1 feet; thence S. 36° 57' W. along said centerline 133.5 feet; thence S. 37° 42' W. along said centerline 793.6 feet to the TRUE POINT OF BEGINNING.

RESERVING THEREFROM, the East 25 feet of the above described tract for county road right of way.

RESERVING THEREFROM, an easement for ingress and egress being 30 feet wide, 15 feet on both sides of the following described centerline:

Beginning at the Northeast corner of above described tract; thence S. 8° 47' W. along the centerline of said county road 18.6 feet to the TRUE POINT OF BEGINNING; thence N. 45° 99' W. 26 feet to the North boundary of said tract and the terminus of this easement.