

**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**

RECEIVED
JUN 12 2019
DEPT. OF WATER RESOURCES

CIVIL CASE 59576

NUMBER:

Ident. Number: 87-10622

Date Received: 6-12-2019

Receipt No.: N034910

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN HACKER	1521 E FREEZE ROAD	POTLATCH	ID	USA	83855

2. Date of Priority:

Date	Explanation
7/1/1938	Priority date is based on the date of the homestead. Latah County assessors office shows build date of 1938. Original well was a hand dug well, then a new well was drilled beside the hand dug well. Old wells abandoned when new well was drilled in 2005. Tag No. D0041007

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
42N	04W	30		NW	NE	LATAH

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

Water Use	Number Of Homes	Stock		Description
DOMESTIC	1			
STOCKWATER	-	Type of Stock	Number of Stock	
		Cattle	1 - 10	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.030	0.00	0.0
STOCKWATER	0.020	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	42N	04W	30	NW	NE	LATAH	-	-
STOCKWATER	42N	04W	30	NW	NE	LATAH	-	-

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): 

Date: 6-12-19

Date: _____

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