

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: 87-10874

Date Received: 5-20-19

Receipt No: N034612

Claim Fee: 25⁰⁰ By: JA

RECEIVED

MAY 20 2019

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Michael and Susan Gallina Phone (208) 882-3161Mailing address PO Box 53 Viola Idaho Zip 83877
Street or Box City StateEmail address (optional) msgallina@yahoo.com2. Date of priority: (Only one per claim) Oct 10 2003 (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 40 N, Range 6 W, Section 13,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of Latah _____

Parcel no. _____

Additional points of diversion, if any: noneIf available, GPS coordinates: 46° 48' 52" N 117° 01' 22" W

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 350 ft 6" casing Static Water level 60ft Basin # 87
1 1/2 hp pump 15gpm pump rate pump set 310' pumping level 220'

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic Single purposes from 1/1 to 12/31 amount 40
Month/Day Month/Day cfs (✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 40 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

1 Home under 1/2 acre irrigated lawn

9. Location of place of use is: Township 40 N, Range 6W, Section 13,

1/4 of 1/4, Govt. Lot BM, Parcel no. If different than shown in Item 4

for (check one) **Domestic** (☒) **Stock** () **Domestic and Stock** ()

Additional places of use, if any NONE

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):

First water pumped by pump installed 10/10/03 by
pump installer Strom Electric

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:

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) Michael A. Gallina Date: 5/16/19
Susan S. Gallina Date: 5/16/19

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