

**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: 87-10638

Date Received: 6-12-19

Receipt No.: N034947

RECEIVED
JUN 12 2019
DEPT. OF WATER RESOURCE

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ROBERTA W FOY	1325 N MOUNTAIN VIEW RD	MOSCOW	ID	USA	83843
FOY TESTAMENTARY TRUST	1325 N MOUNTAIN VIEW RD	MOSCOW	ID	USA	83843

2. Date of Priority:

Date	Explanation
9/1/1961	I purchased the property in September of 1961 and at that time the old well was providing water to the house for domestic use. The second well was drilled in 1999. D0010765.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
39N	05W	4		SE	SW	LATAH
39N	05W	4		SE	SW	LATAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

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	0.040	0.00	0.0
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Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	39N	05W	4	SE	SW	LATAH	-	-
DOMESTIC	39N	05W	4	SW	SW	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): Roberte W. Soy Date: 6/12/19
Roberte W. Soy, TTEE, For Testamentary Trust Date: 6/12/19

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