

**IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE PALOUSE RIVER BASIN WATER SYSTEM**

Claim ID: 87-11043
Date Received: 6/12/19
Receipt No: N034872
Claim Fee: \$25.00 By: LH

Where Daily Use is less than 13,000 gallons per day

1. Name of claimant(s) DAVID A HASH TESTIMENTARY TRUST Phone (208) 875-1000

Mailing address 1199 BEAR CREEK RD PRINCETON ID Zip 83857

Street or Box City State

Email address (optional) nhash@hashtree.com

2. Date of priority: (Only one per claim) 06/01/1948 (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 41N, Range 04W, Section 23,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of _____;
 Parcel no. RP41N04W230023A

Additional points of diversion, if any: _____

If available, GPS coordinates: _____

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 WITH PIPELINE TO FACILITY BUILDINGS AND WATER SPIGOTS

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

For DOMESTIC purposes from Month/Day 1/1 to Month/Day 12/31 amount cfs (✓) or AFY () 0.04

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE IS FOR TREE FARM FACILITIES. LESS THAN 2,500 GPD

9. Location of place of use is: Township 41N, Range 04W, Section 23,
NE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME
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):
APPROXIMATE DATE HOME WAS COMPLETED AND WATER FIRST PUT TO 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

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: _____
_____ Date: _____

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
Personal Representative of David A Hash Testamentary Trust
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 Nancy L Hash Date 6/12/19
Printed Name of Authorized Agent Nancy L Hash

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) DAVID A HASH TESTIMENTARY TRUST Claim ID _____

