

# 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: 87-10911

Date Received: 5-22-19

Receipt No: N034634

Claim Fee: 2500 By: ja

RECEIVED

MAY 22 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

1. Name of claimant(s) Olesen Family Trust Phone (208) 835-6491  
Mailing address 1011 Wally Rd. Troy ID. Zip 83871  
Street or Box City State  
Email address (optional) \_\_\_\_\_

2. Date of priority: (Only one per claim) 6/15/1935 (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) Palouse River

4. Location of point of diversion is: Township 42N, Range 3W, Section 36,  
SE 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Latah,  
Parcel no. RP 42N 03W 3606A

Additional points of diversion, if any: NONE

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.

Best of my knowledge

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

For Domestic purposes from JAN 1 to Dec 31 amount .04 cfs ( ) or AFY ( )  
For Stock purposes from JAN 1 to Dec 31 amount .02

7. Total quantity claimed .06 cfs ( ) or AFY ( )

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

9. Location of place of use is: Township 42N, Range 3W, Section 36,  
SE 1/4 of NW 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? Latoh

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.

Stocks

or None ( )

13. Remarks (include an explanation of the priority date selected):

Property settled by 1935  
on Latoh Co. records

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) Wayne Olson Date: 5/12/19

**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 \_\_\_\_\_