

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT
OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

RECEIVED

JUL 31 2019

DEPARTMENT OF
WATER RESOURCES

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

CIVIL CASE 59576

NUMBER:

Ident. 87-

Number: 10326

Date

Received:

Receipt No.:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DALE SPRING DIANA ~~SEMPEREN~~ <i>Sent Ten</i>	2670 HWY 9	PRINCETON	ID	USA	83857

2. Date of Priority:

Date	Explanation
2/22/2007	Date well was drilled.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	03W	17		NW	SE	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 | 0.020 | 0.00 | 0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	41N	03W	17	NE	SW	LATAH	-	-
DOMESTIC	41N	03W	17	NW	SE	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): *Wale Singh* Date: 7/27/19
Deane Singh Date: 7/27/19

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

State of Idaho
Department of Water Resources

Water Right Claim

87-10326 - ~~Senften~~ / Spring
Senften

This map depicts the DOMESTIC place of use boundary and point of diversion for this water right at the time of this approval and is attached to this document solely for illustrative purposes.



-  Point of Diversion
-  Place Of Use Boundary
-  Sections
- QQ



0 250 500 Feet