

**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: 87-10657

Date Received: 6-13-19

Receipt No.: N035011

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JUN 13 2019

DEPT. OF WATER RESOURCES

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DUANE DAMMEL	1020 DAVIS ROAD	VIOLA	ID	USA	83872

2. Date of Priority:

Date	Explanation
12/31/1992	The buildings are visible on Google Earth in 1992.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	05W	35		NE	NW	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

Totals:

CFS	AF	KW
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0.040	0.00	
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8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	41N	05W	26	SE	SW	LATAH	-	-
DOMESTIC	41N	05W	26	SW	SE	LATAH	-	-
DOMESTIC	41N	05W	35	NE	NW	LATAH	-	-
DOMESTIC	41N	05W	35	NW	NE	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): *Russell R. Rasmussen* Date: 6-13-19
 _____ Date: _____

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

Print Claim Stub

Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.
Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

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Claim Number:	87-10657
Claim Fee:	\$25.00
Claimant(s):	DUANE DAMMEL
	1020 DAVIS ROAD VIOLA , ID 83872
Claimed Purpose(s) of Use:	DOMESTIC

Go to View History page

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Office address and phone number:
Idaho Department of Water Resources
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Coeur d'Alene, ID 83815
(208) 762-2800