

Claim # 87-10627

**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: 87-10627

Date Received: 6-19-2019

Receipt No.: N035061



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IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
NORMA BARTLETT	1361 CRANE CREEK ROAD	POTLATCH	ID	USA	83855

2. Date of Priority:

Date	Explanation
12/31/1965	The cistern to hold spring water was constructed in 1965.

3. Source:

Source	Tributary	Type
SPRING	CRANE CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
42N	04W	18		SW	SE	LATAH

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

Water Use	Number Of Homes	Stock	Description
STOCKWATER	-	Type of Stock	A half inch pipe from the spring flows into the cistern. The overflow returns to the ditch which flows into Crane Creek.
		Number of Stock	
		Cattle	1 - 10

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.010	0.00	0.0

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Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	42N	04W	18	NW	SE	LATAH	-	-
STOCKWATER	42N	04W	18	SE	SW	LATAH	-	-
STOCKWATER	42N	04W	18	SW	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): x Norma Bartlett Date: 6.16.19
 _____ 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

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DEPT. OF WATER RESOURCES

Print Claim Stub

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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: 87-10627

Claim Fee: \$25.00

Claimant(s): NORMA BARTLETT

1361 CRANE CREEK ROAD
POTLATCH, ID
83855

Claimed Purpose(s) of Use: STOCKWATER

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Office address and phone number:

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