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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: 87-10766
Date Received:
Receipt No.:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
HAROLD KERN	1140 EVERGREEN RD.	DESMET	ID	USA	83824

2. Date of Priority:

Date	Explanation
7/1/1959	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
43N	05W	31		NE	NW	LATAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	2	-	House is a duplex

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 | 0.080 | 0.00 | 0.0

Totals:

CFS	AF	KW
0.080	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	43N	05W	31	NE	NW	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): Harold Kern Date: 6/20/2019

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____
Organization

that I have signed the foregoing document in the space below as

Title of _____
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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Print Claim Stub

JUN 21 2019

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Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
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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: 87-10766

Claim Fee: \$58.00

Claimant(s): HAROLD KERN

1140 EVERGREEN RD.
DESMET , ID
83824

Claimed Purpose(s) of Use: DOMESTIC

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Office address and phone number:
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(208) 762-2800