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IDWR/NORTHERN

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: 87-10765
Date Received: 6-24-19
Receipt No.: N035092
Ja

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN KERN	5380 HIGHWAY 95N	POTLATCH	ID	USA	83855

2. Date of Priority:

Date	Explanation
9/27/1996	The date the 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	05W	10		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
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	41N	05W	10	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): John Kern Date: 6-20-2019
_____ 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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Print Claim Stub

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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: 87-10765
Claim Fee: \$25.00
Claimant(s): JOHN KERN
5380 HIGHWAY 95N
POTLATCH , ID
83855
Claimed Purpose(s) of Use: DOMESTIC

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