

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 NUMBER: 59576

Claim ID: 87-11306

Date Received: 7-15-19

Receipt No: N035192

Claim Fee: 250 By: JA

RECEIVED

JUL 15 2019

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

1. Name of claimant(s) Michael and Shirlene Weeks Phone (208) 883-1049
 Mailing address 5050 Robinson Park Road. Moscow, ID Zip 83843
Street or Box City State
 Email address (optional) mdsaweeks@gmail.com
2. Date of priority: (Only one per claim) 3/16/1967 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
 which is tributary to (b) _____
4. Location of point of diversion is: Township 39 North, Range 05W, Section 11,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of _____;
 Parcel no. RP30N05W110771A
 Additional points of diversion, if any: _____
 If available, GPS coordinates: _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
Drilled well. New well drilled 1968. 63 feet deep, Artesian well. Well is located 10 feet east of NE corner of house, in a well house. Pipeline to house. Water overflows all year.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed 0.04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
One home.

9. Location of place of use is: Township 39 N, Range 05 W, Section 11.

NW 1/4 of NE 1/4, Govt. Lot BM, Parcel no. same

If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any

10. In which county(ies) are lands listed above as place of use located? Latah

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

or None (✓)

13. Remarks (include an explanation of the priority date selected):

Property was acquired by Michael's parents in 1967. They drilled a new well, an Artisian, in 1968.

14. Basis of claim (check one) Beneficial Use (☒) Posted Notice (☐) License (☐) Permit (☐) Decree (☐)

Court _____ **Decree Date** _____ **Plaintiff v. Defendant**

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Palouse River Basin Water System 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: 1

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) Michael D. Weeks Date: 7/9/2019

Spurlene C. Weeks Date: 7/9/2019

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address

Name of claimant(s) _____ Claim ID _____

Address
WEEKS, MICHAEL
5050 ROBINSON PARK ROAD

MOSCOW ID,83843

Legal
1.46 AC TAX #2307 NWN
11 39 5
STATEMENT OF INTENT

8 Deeds for Parcel: RP39N05W110771A

Monday, July 8, 2019 11:28 AM

Deed Number	Deed Type	Deed Date	Deed Description
143/290	WD	03/31/1960	
148/562		09/10/1962	
148/575		09/12/1962	
159/518	QC	03/14/1967	
259595	WD	03/16/1967	David Christenson to Myrel Weeks
259577	QC	05/18/1972	Doyle Christenson to David Christenson
381935	Gift Deed	03/07/1991	Myrel Weeks & Eldora Weeks h/w to Michael Weeks
491389	QC	10/05/2004	Michael Weeks, single at the time of acquiring title to Michael & Shirlene A Weeks h/w