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

Ident. Number: 87-11345

Date Received: 7/29/2019

Receipt No: T107321

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

TRAVIS SWARTZ Phone:(208) 596-2727
5184 HIGHWAY 95
VIOLA ID 83872
KRYSTAL SWARTZ Phone:(509) 336-9821
5184 HIGHWAY 95
VIOLA ID 83872

2. Date of Priority: 1/1/1980

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
41N	05W	19	SE SE		LATAH	

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1 12/31	0.04	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

Water Use	Type Of Stock	Number Of Stock

9. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
41N	05W	19	SE	SE		DOMESTIC	
						Section Acres	

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
41N	05W	29	NW	NW		DOMESTIC	
						Section Acres	

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
41N	05W	30	NE	NE		DOMESTIC	
			NW	NE		DOMESTIC	
						Section Acres	
						Total Acres	

10. Place of use in counties: LATAH
11. Do you own the property listed above as place of use? Yes
12. Other Water Rights Used:
13. Remarks:

Priority date description: The house was built in 1980.

Description of use:	Water Use	Description
	DOMESTIC	Household, watering of food plots, and livestock.

14. Basis of Claim: Beneficial Use
15. Signature(s)

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty or 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