

**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: 87-11324

Date Received: 8-2-2019

Receipt No.: NO35300

DL

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AUG 02 2019

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DONALD WHEATLEY	1018 ROCKY ROAD LANE	POTLATCH	ID	USA	83855
Lorriann Wheatley	1018 Rocky Road Lane	Potlatch	ID	USA	83855

2. Date of Priority:

Date	Explanation
2/12/2000	IDAHO MANUFACTURED HOUSING RECORD FROM ASSESSOR'S OFFICE INFORMATION

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	04W	17		SW	NW	LATAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	household, water pets, flower garden

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	0.010	0.00	0.0

Totals:

CFS AF KW

0.010 0.00

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	41N	04W	17	SW	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):

Donald H. Whately

Date:

*July 30, 2019**Louann M. Whately*

Date:

July 30, 2019

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

7/23/19

PM0100 - PARCEL MASTER INQUIRY

Claim #
8771324

14:43:49

PARCEL: RP 41N04W174007 A

F4=MH

F12=RC F14=HO

F17=DD F19=SP

F23=AG

LEGAL DESCRIPTION

WHEATLEY, LORIANN M
& WHEATLEY, DONALD B H/W

*TREND 5.07 AC #5490 SWNW

17 41 4

YOPT STATEMENT OF INTENT

1018 ROCKY ROAD LANE

CODE AREA 50-0000 OWNER CD

PARC TYPE 12

LOC CODE 2850

EFFDATE 5131997

EXPDATE

POTLATCH ID 83855

1018 ROCKY RD LN

83855

PREV PARCEL

RP41N04W173807T

X for parcel comments

CAT/ST#	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
6	1	2018	4070	AC	2129			
10	1	2018	1000	AC	39500	39500	19750	
32	1	2018			1050			
47	1	2018			2300	2300	1150	
TOTALS			5070		183565	180386	90193	

ENTER NEXT PARCEL NUMBER RP

A

FKeys: F2=TX F3=Exit F5=SS F6=NM F7=LG
F8=CT F13=TM F18=HS F20=SrcH F22=EU

Township 41 N

Range 4 W

Section 17

SW 1/4 of NW 1/4

IDAHO MANUFACTURED HOUSING RECORD

Screen 1

Inquiry

Claim # 87-11324

Parcel No **RP 41N04W174007 A** Sheet No **1** of **1**
Property address **1018** **ROCKY RD LN** **83855**
Other Improvements only?
Inspected by **AH** Date **1/19/2018** Review year **2018**
Purchase price Date (MMYYYY)
Monthly rent Date (MMYYYY)

Manufactured by **KIT** Year built **2000**
Trade name **CYPRESS**
Width **27** Length **76** Serial No **KM1Y0070C234592AB**

Class	5	Manual used	3
Market grade	4	2005 Oregon Manual	
Use code	4826	Sketch stored	
Year remodeled		Photo stored	
Eff age/year	/	HO applies	
Occupied (MMDDYYYY)	2/12/2000	Exempt sheet	
Decal no/year	/	Land data to view? N	

F2=Start F3=Exit F4=Inv F5=OI F8=E/U

Print Claim Stub

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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.
If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.
Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

[Print This Page](#)

Claim Number:	87-11324
Claim Fee:	\$25.00
Claimant(s):	DONALD WHEATLEY Loriann Wheatley 1018 ROCKY ROAD LANE POTLATCH, ID 83855
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:
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