

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

RECEIVED

RECEIVED

AUG 09 2019

JUL 29 2019

NOTICE OF CLAIM TO A WATER RIGHT

IDWR / NORTH

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

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

CIVIL CASE NUMBER: 59576

Claim ID: 87-11475

Date Received: 8-9-19

Receipt No: N035348

Claim Fee: 2500 By: Ja

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) James & Teresa Lucas Phone (208) 882-7374
Mailing address 2131 N 14th St Coos Bay, Oregon Zip 97420
Street or Box City State
Email address (optional) teresa.lucas@charter.net
 2. Date of priority: (Only one per claim) 1983 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
 3. Source of water supply (Check one) Ground Water () or Other (✓) (a) spring
which is tributary to (b) sinks
 4. Location of point of diversion is: Township 39N, Range 5W, Section 30,
NE 1/4 of SW 1/4, or Govt. Lot NA BM, County of Latah;
Parcel no. RP39N05W305120A
Additional points of diversion, if any: NA
If available, GPS coordinates: NA
 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.
Underground spring pumped to well which is pumped to main house and secondary house, both located on
3045 Hwy 95 South - Moscow, ID 83843
 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>Main House</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.04</u> | | | | |
| For <u>Secondary House</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.04</u> | | | | |
7. Total quantity claimed .04 cfs (✓) or AFY ()
 8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic - main house and secondary house

9. Location of place of use is: Township 39N, Range 5W, Section 30,
NE 1/4 of SW 1/4, Govt. Lot NA BM, Parcel no. RP39N05W305120A

If different than shown in Item 4

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

Additional places of use, if any NA

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):

Main house was built in 1983, secondary house built as a storage building and eventually converted to
secondary home in 2014.

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

Court NA Decree Date NA Plaintiff v. Defendant NA

If applicable provide IDWR Water Right Number NA

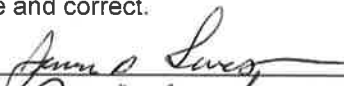
15. **Signature(s)**

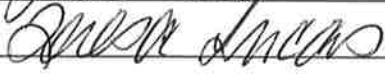
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Palouse River Basin Water System Adjudication."

(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: NA

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)  Date: 7/25/2019

 Date: 7/25/2019

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) James & Teresa Lucas Claim ID _____