

# 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: 87-10073  
Date Received: 8-16-19  
Receipt No: N035483  
Claim Fee: 2500 By: JL

**RECEIVED**

**AUG 16 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) Michelle and Francis Spain Phone (208) 882-1863  
Mailing address 2405 Kathy Ave Moscow ID        Zip 83843  
Street or Box City State  
Email address (optional) fmcspain@moscow.com
2. Date of priority: (Only one per claim) 04/03/2012 (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 40N, Range 05W, Section 6,  
SW 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Latah;  
Parcel no. RP04004050601A - \*0602A - \*0603A  
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.  
Well with pump and pipelines
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For Stockwater purposes from 01/01 to 12/31 amount 0.4 cfs ( ) or AFY (✓)  
For Domestic purposes from 01/01 to 12/31 amount 1.2
7. Total quantity claimed 1.6 cfs ( ) or AFY (✓)
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
Domestic use is for one residence and stock under a conditional use permit for up to 18; averages 8 horses.

9. Location of place of use is: Township 40N, Range 05W, Section 6,  
SW 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. \_\_\_\_\_

If different than shown in Item 4

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

Additional places of use, if any 3 parcels - Lots 1 through 3 of the Spain Short Plat, County of Latah

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):

Water Right - 87-10073 acquired for same well in 2012

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 87-10073

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 (X) do not ( ) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1 - copy of water right

**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) Michelle Spain Date: 8/13/2019

Francis K. Spain Date: 8/13/2019

**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) Susan R. Wilson, 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 Susan R. Wilson Date 8-13-19

Address 208 S. Main St Ste 2, Moscow, ID 83843

Name of claimant(s) Michelle and Francis Spain Claim ID \_\_\_\_\_