

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: 87-11509

Date Received: 8-14-19

Receipt No: N035377

Claim Fee: \$2500 By: Ja

RECEIVED

AUG 14 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

- Name of claimant(s) MICHAEL N CASS Phone (208) 301-1115
Mailing address 502 W C ST MOSCOW ID Zip 83843
Street or Box City State
Email address (optional) mncass@moscow.com
- Date of priority: (Only one per claim) 1922 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a)
which is tributary to (b)
- Location of point of diversion is: Township 39N, Range 05W, Section 7,
NW 1/4 of SE 1/4, or Govt. Lot BM, County of LATAH;
Parcel no. RPM0400002002A
Additional points of diversion, if any:
If available, GPS coordinates:
- 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 PIPELINE TO HOME
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.03 cfs (✓) or AFY ()
Month/Day Month/Day
For purposes from to amount
- Total quantity claimed 0.03 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 39N, Range 05W, Section 7,
NW 1/4 of SE 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.
PROPERTY ALSO SERVED MUNICIPAL WATER FROM CITY OF MOSCOW or None ()

13. Remarks (include an explanation of the priority date selected):
YEAR HOME WAS BUILT AND WATER FIRST PUT TO BENEFICIAL USE, PER LATAH COUNTY RECORDS

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: 2

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 N. Cass Date: 8-14-19

Date: _____

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

Agent's title (Please print) _____ of _____
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) MICHAEL N CASS Claim ID _____

PARCEL LOCATION FOR PRBA CLAIM



Identify

Identify from: Tax Parcels

- Tax Parcels

+ CASS, MICHAEL N

Location: 2,270,277.905 1,730,465.569 Meters

Field	Value
ID	11237967
UPDATED	6/3/2019
PIN	RPM0400002002A
OWNER	CASS, MICHAEL N
ADDRESS1	502 W C ST
ADDRESS2	
CITY	MOSCOW
STATE	ID
ZIPCODE	83843
P_ADDRESS	502 W C
P_ZIPCODE	83843
SUB_NAME	HIGHLAND VIEW ADDITION
LEGAL1	HIGHLAND VIEW ADD
LEGAL2	BLK 2 LOT 2
LEGAL3	S 5' OF E 125' OF LOT 3
LEGAL4	
LEGAL5	
LEGAL6	
ACRES	0.2
COUNTY	Latah
SOURCE	<null>
YEAR_BUILT	1922

Identified 1 feature