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: 87-11605

Date Received: 8/26/2019

Receipt No: N035475

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

ESTATE OF FRANK P WALKER Phone:(208) 301-2565
PO BOX 603
POTLATCH ID 83855

2. Date of Priority: 1/1/1900

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	22	SE NW		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	0.02	0
IRRIGATION	3 /15 11/15	0.02	0
STOCKWATER	1 /1 12/31	0.02	0

7. Total Quantity Appropriated is: 0.06 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
STOCKWATER	Cattle	25

9. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
41N	05W	22	SE	NW		DOMESTIC	
						Section Acres	

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
41N	05W	22	SE	NW		IRRIGATION	1
						Section Acres	1

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
41N	05W	22	SE	NW		STOCKWATER	
						Section Acres	
						Total Acres	1

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: Historical use on homestead, will research further, did not have sufficient time to locate property records from County prior to filing deadline.

Description of use:

Water Use	Description
DOMESTIC	
IRRIGATION	
STOCKWATER	

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