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: 87-11776

Date Received: 8/31/2019

Receipt No: T107705

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

NORMAN FOWLER Phone:(208) 907-2514
3293 FOOTHILL RD
MOSCOW ID 83843

2. Date of Priority: 1/1/1950

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4		Lot	County	Type
40N	05W	29	NE	NE		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	0.1	0
IRRIGATION	3 /15 10/31	0.1	0

7. Total Quantity Appropriated is: 0.1 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

9. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
40N	05W	29	NE	NE		DOMESTIC	
			NW	NE		DOMESTIC	
						Section Acres	

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
40N	05W	29	NE	NE		IRRIGATION	1.5
			NW	NE		IRRIGATION	0.2
						Section Acres	1.7
						Total Acres	1.7

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: The Well on parcel RP40N05W290309 was not found on the idwr.idaho.gov find a well application. the house and homestead was first developed in 1908. A previous resident of the house Louis Morton Brown, moved with her family to the property in 1950 and to the best of her knowledge the well was constructed and in use before that time.

Description of use:

Water Use	Description
DOMESTIC	
IRRIGATION	

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