

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: 87-118165Date Received: 8-29-2019Receipt No: N035517Claim Fee: 25.00 By: IL

RECEIVED

AUG 29 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) DAVID AND/OR SHARON MOORE Phone (208) 669-0177Mailing address 1005 LEMMAN CREEK RD PRINCETON ID Zip 83857
Street or Box City StateEmail address (optional) sjitters@hotmail.com2. Date of priority: (Only one per claim) 8/6/11/52 (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) SINKS4. Location of point of diversion is: Township 42N, Range 04W, Section 34,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of LATAH;Parcel no. RP42N04W348194

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.

DEVELOPED SPRING IN SMALL PUMPHOUSE JUST NORTH OF HOME - 12 feet deep 4 feet around
Cased w/cement rings.

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	DOMESTIC	purposes from	to	amount
		<u>1/1</u>	<u>12/31</u>	<u>.04</u>
For	STOCKWATER	purposes from	to	amount
		<u>1/1</u>	<u>12/31</u>	<u>.02</u>

7. Total quantity claimed _____ cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

DOMESTIC USE FOR 1 HOME, STOCKWATER FOR UP TO 15 HEAD MIXED STOCK

9. Location of place of use is: Township 42N, Range 04W, Section 34,
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** (X)

Additional places of use, if any RP42N04W341354

10. In which county(ies) are lands listed above as place of use located? _____

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.
IN-STREAM STOCKWATER or None ()

13. Remarks (include an explanation of the priority date selected):

see attached document (Real Property Valuation Summary)

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) Shaon Moore Date: 7-26-19

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:

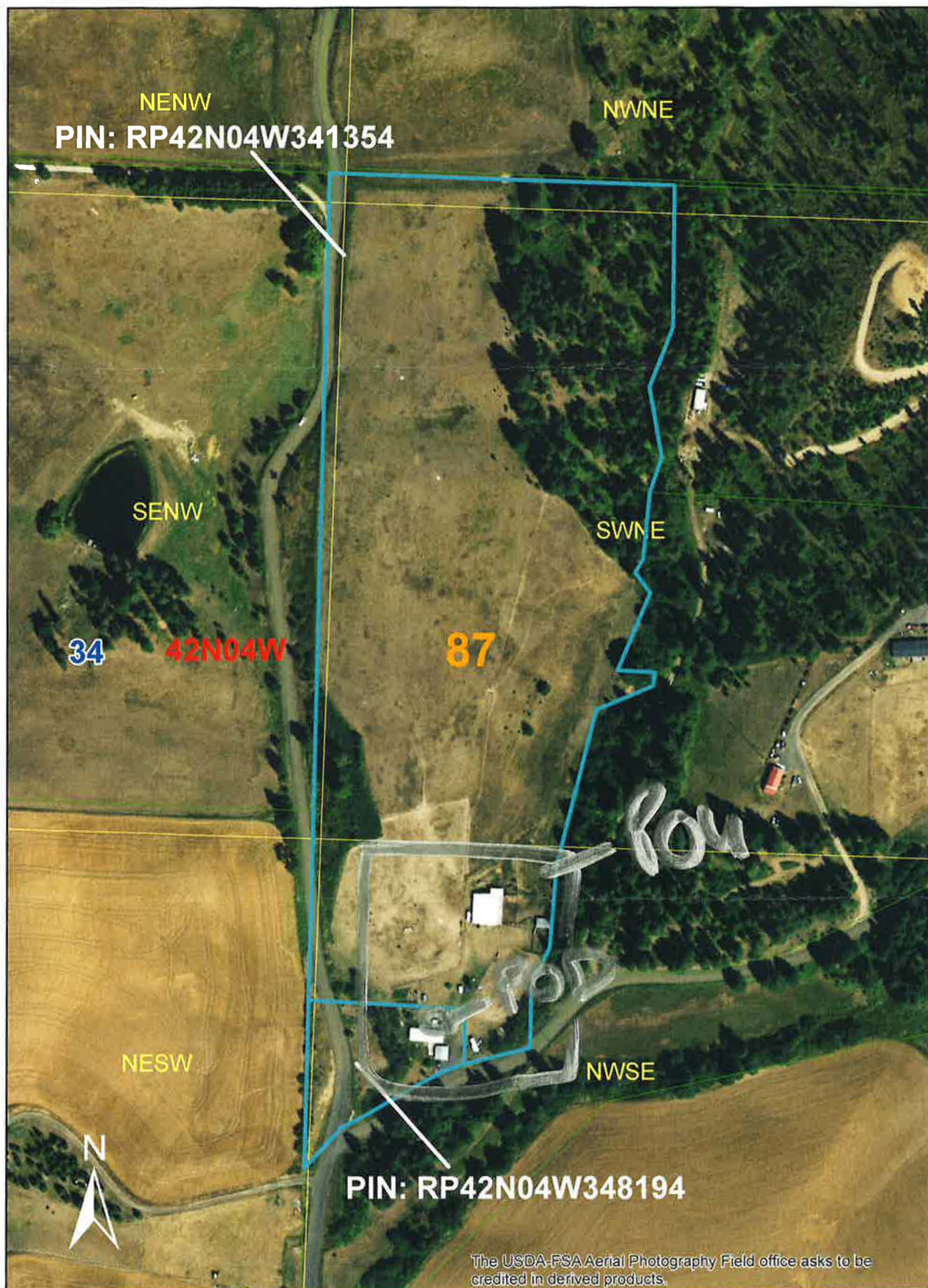
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) DAVID AND/OR SHARON MOORE Claim ID _____

PARCEL LOCATION OF PRBA CLAIM



Princeton ID 83857

REAL PROPERTY VALUATION SUMMARY

№ 10639

DESCRIPTION

SENE

49

34 42 4

RURAL LAND

[illegible]