

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: 87-11878

Date Received: 8-30-19

Receipt No: NO35527

Claim Fee: \$25.00 By: JA

RECEIVED

AUG 30 2019

IDWR/NORTHERN

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) MARTIN J SHAW Phone (208) 874-2560

Mailing address 1128 PINE CREST RD MOSCOW ID 83843
Street or Box City State Zip

Email address (optional) mjs05gm@gmail.com

2. Date of priority: (Only one per claim) 1905 (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 39N, Range 05W, Section 11,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of LATAH

Parcel no. RP39N05W117351

Additional points of diversion, if any: 2ND WELL ON SAME TAX PARCEL

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.

ORIGINAL HAND DUG WELL AND ADDITIONAL WELL BOTH PIPED TO HOME, GARDEN, AND BARN

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	<u>DOMESTIC</u>	purposes from <u>1/1</u>	to <u>12/31</u>	amount <u>0.01</u>
For	<u>STOCKWATER</u>	purposes from <u>1/1</u>	to <u>12/31</u>	amount <u>0.01</u>

7. Total quantity claimed 0.01 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 USE FOR UP TO 10 HEAD MIXED STOCK

9. Location of place of use is: Township 39N, Range 05W, Section 11,
NE 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.

or None ☒

13. Remarks (include an explanation of the priority date selected):
APPROXIMATE DATE PROPERTY WAS FIRST HOMESTEADED AND WATER PUT TO BENEFICIAL USE

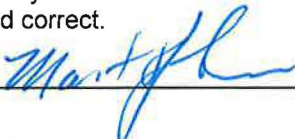
14. Basis of claim (check one) Beneficial Use ☒ Posted Notice ☐ License ☐ Permit ☐ Decree ☐
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

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)  Date: 8.30.2019

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) MARTIN J SHAW Claim ID _____

PARCEL LOCATION FOR PRBA CLAIM



Idaho Residential Property Record
Inquiry

Parcel No RP 39N05W117351 A

Sheet No 1 of 1

Use code	3232	Desc	LOFT BARN	Class	Yr blt 1905	Base	1,500
Fnd	Flr	Roof	Walls				
Misc1				Misc2			
Area	2,000	Rate		Lump sum	1,500	Remarks	
LCM	Quality		Market				
Other multipliers:							

Use code	3488	Desc	PORCH	Class	Yr blt	Base	2,000
Fnd	Flr	Roof	Walls				
Misc1				Misc2			
Area	100	Rate		Lump sum	2,000	Remarks	
LCM 1.00	Quality 1.00		Market 1.00				
Other multipliers:							

+

F2=Start F3=Exit F4=Inventory F12=Toggle