

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: 87-11848Date Received: 8-15-19Receipt No: N035387Claim Fee: 2500 By: JA

RECEIVED

AUG 15 2019

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Timothy L Taylor & Julie A. Taylor Phone (208) 874-2203Mailing address 1056 Carscallen Road, Potlatch ID Zip 83855
Street or Box City StateEmail address (optional) taylorui@wsu.edu2. Date of priority: (Only one per claim) 08/13/2019 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) Private well -
which is tributary to (b) Well is not too deep, existing when property purchased in 2017.4. Location of point of diversion is: Township _____, Range _____, Section _____
32 1/4 of 43 1/4, or Govt. Lot 4 BM, County of Latah;Parcel no. RP 43N04W323 952 A

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.

Private well for residence, NO diversions of anything, well was put in around 1982.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

Existing POND
For stockwater purposes from JUNE to NOV amount 400 gallons per day
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 400 gallons per day cfs () or AFY ()

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

Well consumption might average 350 gallons per day (MAX is summer with some garden watering in June - Sept.)

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9. Location of place of use is: Township _____, Range _____, Section _____,
32 1/4 of 43 1/4, Govt. Lot 4 BM, Parcel no. RP 43 004W323962A
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 (X) 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.
Just private well by house & pond as in ariel picture or None ()

13. Remarks (include an explanation of the priority date selected):
Priority date is just the date I finished the application, no hurry on my part. Call or e-mail me if you have questions.

14. Basis of claim (check one) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3

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) Timothy L Taylor Date: 8/13/2019
John A. Taylor Date: 8/13/2019

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

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

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