

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: 87-11908

Date Received: 9-3-19

Receipt No: N035550

Claim Fee: 2500 By: Jc

RECEIVED

SEP 03 2019

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) Juli A. Hoidal Phone (208) 875 1275
Mailing address 1150 Deep Creek Rd Pottlatch Id 83855
Street or Box City State Zip
Email address (optional) julihoidal@yahoo.com
- Date of priority: (Only one per claim) JAN 1900 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____
- a. Location of point of diversion is: Township _____, Range _____, Section _____,
SW 1/4 of S4 1/4, Govt. Lot _____, BM, County of Latah
Parcel no. RP42N05W14S800
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
- Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
2- HAND Dug Wells see MAP
① Domestic HAND Dug 45' by House see MAP
② stock HAND Dug with hand pump below house

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic purposes from JAN 1 to Dec 31 amount .04 or _____

For stock purposes from MAY to Oct 31 amount .02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .06 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 1 house - less 14 head cattle

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
42.5	14																		2.2 A

Parcel-no(s) _____ Total number of acres irrigated _____

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

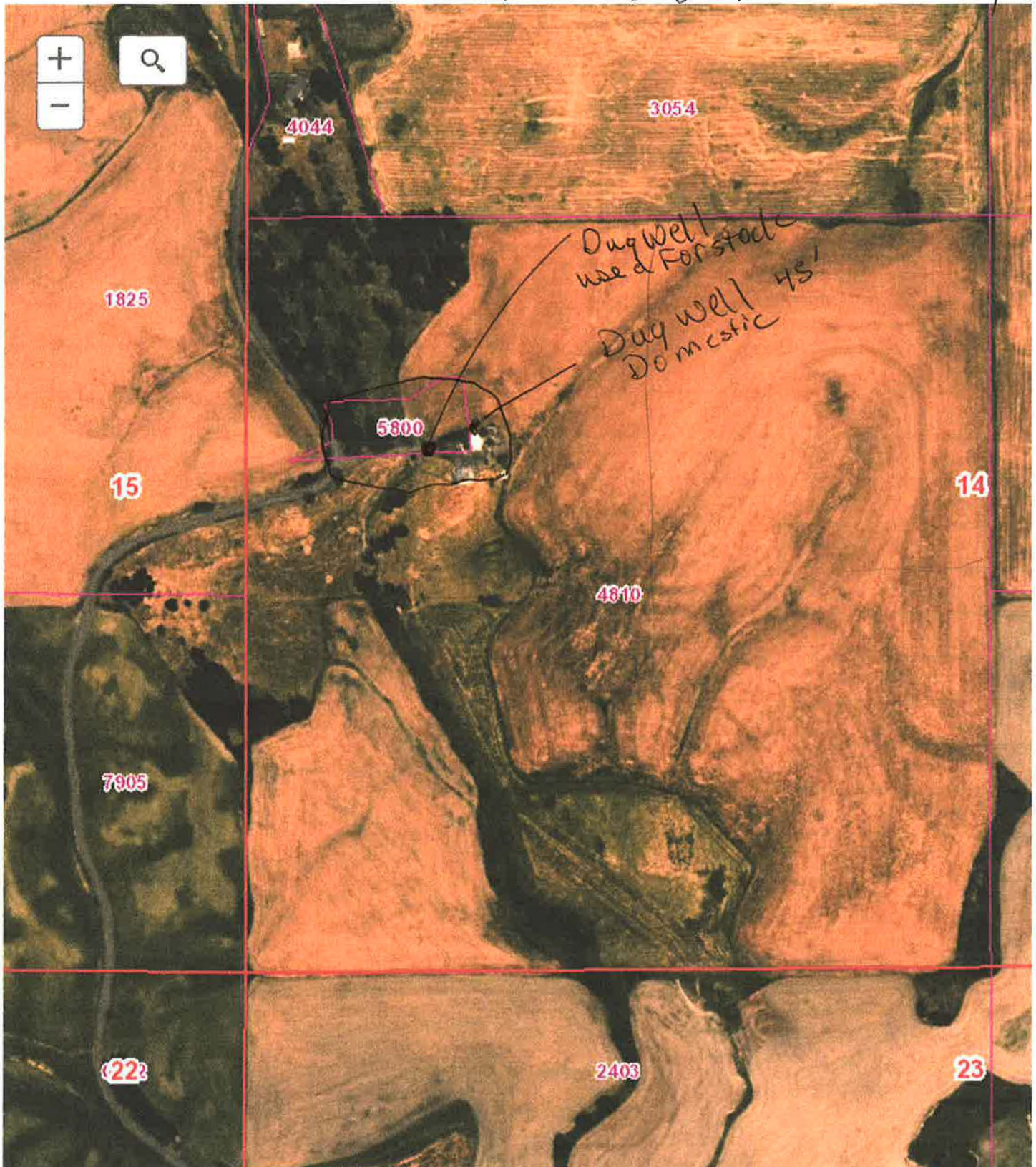
11. Do you own the property listed above as place of use? Yes ☒ No ()
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None ()

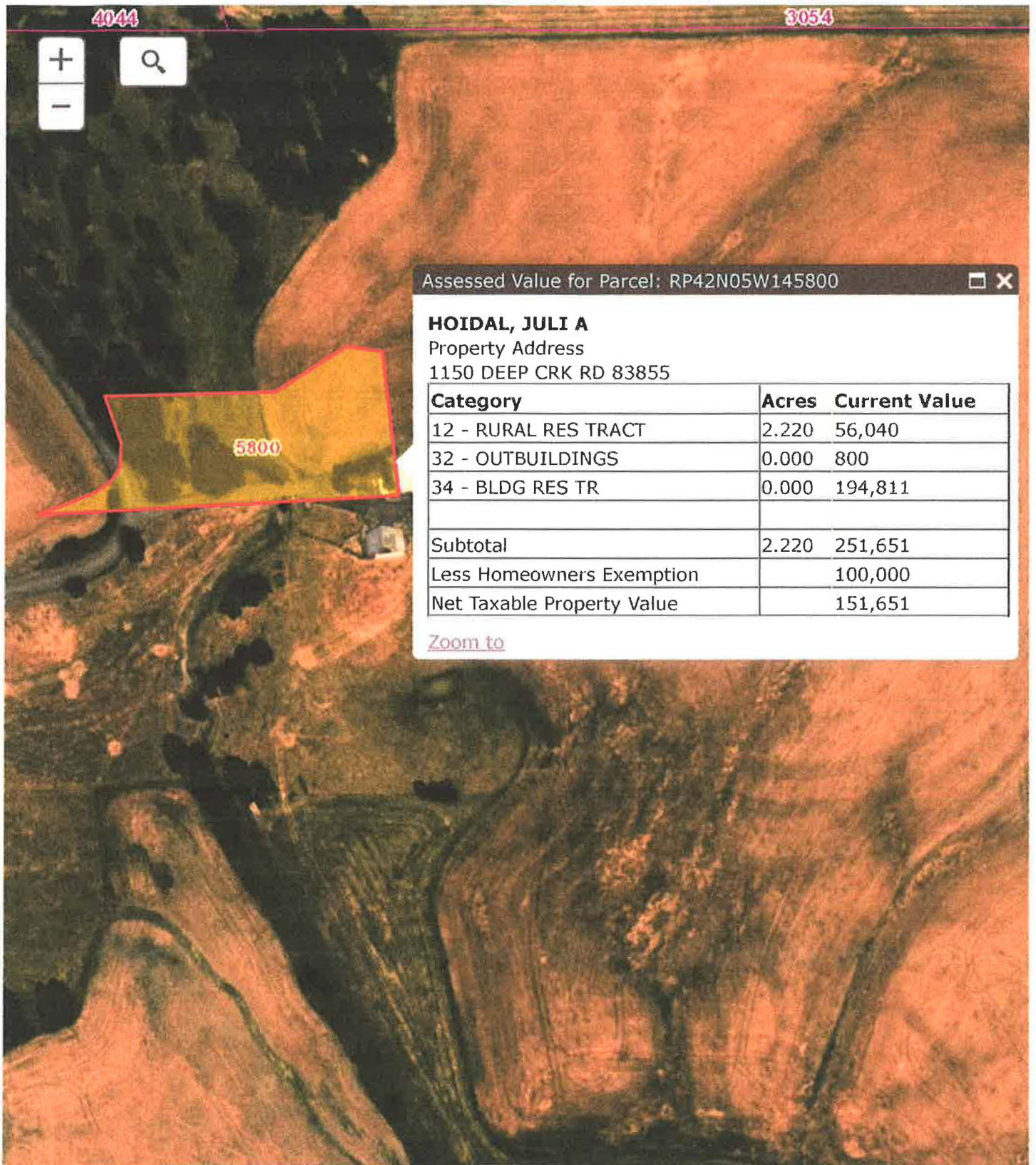
13. Remarks (Include an explanation of the priority date selected):
Homestead by A. Smith hand dug
Wells (two) Homestead date 6/9/1886

Name of claimant(s) Julia A Hoidal Claim ID _____

Juli A Hordal 1150 Deep Rd Potlatch, ID



Sec 14 W
T5 42N R5 2.2 IN NW corner



Assessed Value for Parcel: RP42N05W145800



HOIDAL, JULI A

Property Address

1150 DEEP CRK RD 83855

Category	Acres	Current Value
12 - RURAL RES TRACT	2.220	56,040
32 - OUTBUILDINGS	0.000	800
34 - BLDG RES TR	0.000	194,811
Subtotal	2.220	251,651
Less Homeowners Exemption		100,000
Net Taxable Property Value		151,651

[Zoom to](#)

9. Location of place of use is: Township 42N, Range D5W, Section 14,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. RP42ND5W145800
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.
NA or None ()

13. Remarks (include an explanation of the priority date selected):
Homestead by Andrew Smith in Flo on Page 1 of this form

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) Julia A. Hader Date: 7-15-2019

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) _____ Claim ID _____