

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: 87-11929

Date Received: 9-3-19

Receipt No: N035575

Claim Fee: 2500 By: ja

RECEIVED

SEP 03 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) John David Roman Phone (208) 875-8782Mailing address 1080 E. Rock Creek Rd Pocatello ID Zip 83855
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) December 31 2001 (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 41N, Range 4, W.B.M., Section 20 E 1/2 SW
41 1/4 of 4 1/4, or Govt. Lot _____ BM, County of CatahParcel no. RP41N04W20S110A

Additional points of diversion, if any: _____

If available, GPS coordinates: 46>degrees 52.616min. N 116>degrees 52.202min. West

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.

Well, Pump, Pipelines

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

For Domestic purposes from 1-1 to 12-31 amount 0.04 cfs () or AFY ()
Month/Day Month/Day
For Stockwater purposes from 1-1 to 12-31 amount 0.027. Total quantity claimed 0.06 cfs () or AFY ()

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

Domestic 1 home; Stockwater 0-25 chickens/Dogs/Birds/Turtle/Snake

9. Location of place of use is: Township Same, Range place, Section _____
_____ 1/4 of _____ 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 None

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):

Bought house/property around this time

14. Basis of claim (check one) Beneficial Use () Posted Notice () License () Permit () Decree (✓)

Court 5th Jud District Decree Date March 1 2017 Plaintiff v. Defendant Comm. Notice

If applicable provide IDWR Water Right Number Civil No. 59576 IDWR's Adm. Basin 87

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: 0

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) John David Roman

Date: August 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

_____ 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) John David Roman

Claim ID _____