

**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 59576
NUMBER:
Ident. Number: 87-11597
Date Received:
Receipt No.:**

RECEIVED

AUG 26 2019

IDWR/NORTHERN

*Copy:
Filed on Line and payed
with credit card.
8/23/19*

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JENNIFER BLOCH	1720 DAVES AVE	MOSCOW	ID	USA	83843

2. Date of Priority:

Date	Explanation
12/28/1962	The house at this parcel was built in 1962 outside the city limits of Moscow, Id. The house had a well drilled at that time for domestic water use. <u>Around 1989 the house was placed on city water and sewer and the well was used for irrigation of the 0.29 AC property. I will mail in county papers proving date house built.</u>

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
39N	05W	9		NW	NW	LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	6 / 1	9 / 15

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	39N	05W	9	NW	NW	LATAH	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Palouse River Basin 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: 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): Jennifer Bloch Date: 8/23/19
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
 Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name