

# 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: 87-11827Date Received: 8-28-19Receipt No: 0035483Claim Fee: 2500 By: ja

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AUG 28 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

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IDWR / NORTH  
Please type or print clearly

IDWR / NORTH

- Name of claimant(s) LARRY W and DELORES F ROSS Phone (208) 875-1127  
Mailing address 1671 DEEP CREEK ROAD POTLATCH IDAHO Zip 83855  
Street or Box City State  
Email address (optional) \_\_\_\_\_
- Date of priority: (Only one per claim) 1915 (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) \_\_\_\_\_
- Location of point of diversion is: Township 43N, Range 04W, Section 31,  
SW 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_ BM, County of LATAH;  
Parcel no. RP43N04W311041 A  
Additional points of diversion, if any: STOCK WELL 43N, 04W S 31 - NW1/4 of NE1/4  
If available, GPS coordinates: \_\_\_\_\_
- 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.  
1st - HOUSE WELL - HAND DUG. JET PUMP. @28' DEEP. PIPELINE INTO HOUSE. 2nd - STOCK WELL -  
HAND DUG @ 30' DEEP DRILLED TO 100' (DATE UNKNOWN). SUBMERSIBLE.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For HOME BACK-UP SYSTEM purposes from 12/01 to 1/31 amount 5 gpm  
Month/Day Month/Day cfs ( ) or AFY ( )  
For STOCK WATER -DAILY USE purposes from 12/01 to 1/31 amount 5 gpm
- Total quantity claimed 10 gpm cfs ( ) or AFY ( )
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
ONE HOME AND LANDSCAPE SERVICED BY HOME WELL. THREE HORSES SERVED BY STOCK WELL

SCANNED  
OCT 02 2019

9. Location of place of use is: Township 43N, Range 04W, Section 31,  
SW1/4 1/4 of 1/4, Govt. Lot NE1/4 BM, Parcel no. \_\_\_\_\_  
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? \_\_\_\_\_

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):  
SEE COVER LETTER AND ENCLOSED AFFIDAVIT BY VIRGINIA SONCARTY, SURVIVING RELATIVE OF  
OWNER WHO PURCHASED THIS PROPERTY IN 1915.

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: TWO

**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: 10/18/2019

Date: 10/18/2019

**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) LARRY W and DELORES F ROSS

Claim ID \_\_\_\_\_ **SCANNED**  
**OCT 02 2019**