

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: 87-11826

Date Received: 8-28-19

Receipt No: 1035484

Claim Fee: 2500 By: JA

RECEIVED

AUG 28 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

RECEIVED

OCT 23 2019

Please type or print clearly

IDWR/NORTHERN

1. 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) _____
2. Date of priority: (Only one per claim) 07/24/2007 (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 43N, Range 04W, Section 31,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of LATAH;
 Parcel no. RP 43N04W311041 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.
DRILLED AND FINISHED 7/24/2007. PERMIT #D0053793. 225 FEET DEEP.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For _____	Month/Day	Month/Day	cfs () or AFY ()
<u>DOMESTIC</u> purposes from	<u>01/31</u>	to <u>12/31</u>	amount <u>5 gpm</u>
For _____ purposes from _____	to _____		amount _____
7. Total quantity claimed 5 gpm cfs () or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
ONE HOME.

SCANNED

OCT 02 2019

9. Location of place of use is: Township 43N, Range 04W, Section 31,
SW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. RP43N04W311041
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.
ORIGINAL HAND DUG HOME WELL (CIRCA 1919) STILL IN USE FOR HOME. or None ()

13. Remarks (include an explanation of the priority date selected):
SEE ENCLOSED WELL DRILLERS REPORT

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: 1

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) *Larry W Ross* Date: 10/18/2019
Delores F Ross 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