

# 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: 87-117916Date Received: 8-21-2019Receipt No: N035434Claim Fee: 25.00 By: JD

RECEIVED

AUG 21 2019

IDWR/NORTHERN

## Amended 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 31 2019

Please type or print clearly

IDWR / NORTH

- Name of claimant(s) Elizabeth Walker Phone (208) 791-3887  
Mailing address 3040 Flomer Lane Moscow ID        Zip 83843  
Street or Box City State  
Email address (optional) walk0700@alumni.uidaho.edu
- Date of priority: (Only one per claim) 20 May 1956 (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 39N, Range 05W, Section 16,  
SE 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Latah;  
Parcel no. RP01720001007DA  
Additional points of diversion, if any: \_\_\_\_\_  
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.  
Well with pipeline to house and yard for irrigation.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For \_\_\_\_\_ domestic purposes from 01/01 to 12/12 amount 0.04 cfs (✓) or AFY ( )  
Month/Day Month/Day  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to 12/31 amount \_\_\_\_\_  
Month/Day Month/Day
- Total quantity claimed 0.04 cfs (✓) or AFY ( ) 28 Oct 2019 E2
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
Domestic for 1 home with lawn.

SCANNED

OCT 01 2019

9. Location of place of use is: Township 39N, Range 05W, Section 16,  
SE 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. \_\_\_\_\_  
for (check one) **Domestic** (✓) **Stock** ( ) **Domestic and Stock** ( ) If different than shown in Item 4

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.  
\_\_\_\_\_ or None (✓)

13. Remarks (include an explanation of the priority date selected):  
Home was built in 1956 by tax lot data.

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: \_\_\_\_\_

**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) Elizabeth J. Walke Date: 19 Aug 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 \_\_\_\_\_

SCANNED  
OCT 01 2019