



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

December 11, 2019

ANDREW OR LAURA GULBRANDSEN
1045 NEWELL RD
VIOLA ID 83872

RE: Palouse River Basin Adjudication (PRBA) Notice of Claim to a Water Right Number 87-11068

Dear Mr. or Ms. Gulbrandsen:

We are in the process of reviewing the above claim for recommendation in the PRBA. During this review it came to our attention that the legal description for the point of diversion (well) and place of use is listed differently on your claim than what is seen on the map. The claim shows the well and place of use in the SENW, Section 35, T41N, R5W. However, the map indicates that it should be the SWNW, Section 35, T41N, R5W.

Also, on your claim you stated that there are two wells and that the new well, drilled in 2006, supplements the original well, drilled in 1976. Please note – we are unable to recommend the claim with both wells because the second well was constructed after January 1, 2006. Generally, when an individual adds an additional diversion to an existing water right they need to apply for a transfer of that diversion. However, the Idaho legislature noted that many individuals in this situation did not do this and so they enacted legislation to allow a water user to add an additional point of diversion without completing an application IF the addition was added before January 1, 2006. (Section 42-1425(a) and (b) Idaho Code). Unfortunately, your well was completed on September 28, 2006. For this reason, I did not include the second well on the amended claim. You may want to file an additional claim for the second well with a priority date of 2006, or an application for transfer

For your review, I have enclosed a map which has your parcel outlined, and also have included a copy of an amended claim showing the corrected legal description under items 4 and 9. If you are in agreement with this information, please sign the amended claim, show on the map where the original well is located and circle where the domestic and stockwater usage is occurring. If there is any information with which you disagree, simply write in the corrected information, initial and date by the change, and sign the form on the back.

Be sure to contact me if you have any questions or concerns. I can be reached at (208) 762-2800/2802 or by email at linda.werner@idwr.idaho.gov. Please return this information to my attention by **December 27, 2019**.

Sincerely,

Linda A. Werner
Senior Water Resource Agent

Enclosures

**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: 87-11068

Date Received: _____

Receipt No: 1107218

Claim Fee: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) ANDREW GULBRANDSEN OR LAURA GULBRANDSEN Phone (208) 771-0413

Mailing address 1045 NEWELL RD VIOLA ID Zip 83872
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 4/16/1980 (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 05W, Section 35,
SW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of LATAH;

Parcel no. RP01760000002C

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.

Well, pump and pipeline

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

	Month/Day	Month/Day	cfs (☒) or AFY (☐)
For <u>DOMESTIC</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.01</u>			
For <u>STOCKWATER</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.01</u>			

7. Total quantity claimed 0.01 cfs (☒) or AFY (☐)

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

In-house use for 1 home, chickens, land, trees, garden

9. Location of place of use is: Township 41N, Range 05W, Section 35,
SW 1/4 of NW 1/4, Govt. Lot _____ 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? 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):

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) _____ Date: _____

_____ 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) ANDREW GULBRANDSEN OR LAURA GULBRANDSEN Claim ID _____

87-11068, GULBRANDSEN, PIN 01760000002C

