



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 16, 2019

JON HILL
1050 SADDLERIDGE RD
MOSCOW ID 83843

RE: Palouse River Basin Adjudication (PRBA) Notice of Claim to a Water Right Number(s) 87-11022

Dear Mr. Hill:

Thank you for returning the packet of information I recently sent you. I have noted the locations of the well and place of use and added your statement of first usage date to the file.

Because the well and place of use are in a different legal description than what you claimed on the original claim, and because the claim is a legal document and I am unable to make changes to the claim, I have enclosed an amended claim representing those changes, i.e. from the SWNW-17-T40N-R05W to the NENW-17-T40N-R05W. I've enclosed an extra copy of the claim, and map, for your files.

Please sign and date the enclosed claim under item 15 and return to me by January 3, 2020. I can be reached at (208) 762-2802 if you have any questions. Thank you.

Sincerely,

Linda A. Werner
Senior Water Resource Agent

Enclosure(s): Amended Claim Number 87-11022
Map

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: 87-11022

Date Received: _____

Receipt No: _____

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) JON HILL Phone (208) 883-3739

Mailing address 1050 SADDLERIDGE RD MOSCOW ID Zip 83843
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 10/18/1993 (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 40N, Range 05W, Section 17,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM, County of LATAH

Parcel no. RP01730000012B

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.

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

For DOMESTIC purposes from Month/Day 1/1 to Month/Day 12/31 cfs (✓) or AFY () amount 0.04

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

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

9. Location of place of use is: Township 40N, Range 05W, Section 17,
NE 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) JON HILL Claim ID _____



WELL

HOUSE