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IDWR/NORTHERN

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

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JUL 18 2019

DEPARTMENT OF
WATER RESOURCES

IN RE THE GENERAL
ADJUDICATION OF RIGHTS TO THE
USE OF WATER FROM THE
PALOUSE RIVER BASIN WATER
SYSTEM

CIVIL CASE NUMBER:

59576

Ident. Number:

87-11050

Date Received:

Receipt No.:

C107235

AMENDED

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ERIC ALSTERLUND	1020 ALSTERLUND LANE	VIOLA	ID	USA	83872

2. Date of Priority:

Date	Explanation
7/1/1994	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	06W	24		SE	NW	LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Well supplies two separate homes and properties.

ONE HOME EAA

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
~~DOMESTIC~~	~~41N~~	~~06W~~	~~24~~	~~NE~~	~~SW~~	~~LATAH~~	-	-
DOMESTIC	41N	06W	24	SE	NW	LATAH	-	-

EIA

9. Basis of Claim:

Basis
Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Palouse River Basin 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):

Eri Atstul
Eri Atstul

Date: 7-15-19

Date: 12-5-19

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
 Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name