

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

Ident. Number: 87-11017

Date Received: 7/5/2019

Receipt No: T107180

Received By:

RECEIVED

FEB 14 2020

IDWR / NORTH

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

ROBERT DORN
1039 LEEF LN
PRINCETON ID 83857
KAREN DORN
1039 LEEF LN
PRINCETON ID 83857

Phone:(208) 875-1842

Phone:(208) 875-1842

2. Date of Priority: 10/30/2012 8-19-96 RTD 1-2-2020

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
41N	03W	28	SE NW		LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1 12/31	0.04	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	03W	28	NE SW		DOMESTIC	
			NW SW		DOMESTIC	
			SE NW		DOMESTIC	
			SW NW		DOMESTIC	

Section Acres

Total Acres

87-11017

7/10/2019

10. Place of use in counties: LATAH

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: Took ownership of this property on 10-30-2012

Description of use: Water Use Description

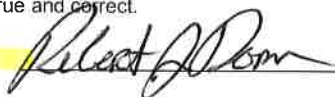
DOMESTIC

14. Basis of Claim: Beneficial Use

15. Signature(s)

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):



Date: 1-2-2020

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or 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



(Sign once if Firm Official & Operator)