



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

February 19, 2020

ROBERTA FOY
FOY TESTAMENTARY TRUST
1325 N MOUNTAIN VIEW RD
MOSCOW ID 83843

SUBJECT: Palouse River Basin Adjudication (PRBA) Notice of Claim to a Water Right Number 87-10638

Dear Ms. Foy:

In regard to our phone conversation of Wednesday, February 19, 2020, when we discussed the first usage date from the original well of 1924 rather than 1961; enclosed is the following:

Amended Claim 87-10638

I have amended the claim to reflect the first usage date of September 1, 1924. This is based on parcel information showing a year built date of 1924 (enclosed). Please review the claim, and if you agree, re-sign the claim form under item 14. You may need to sign under the organization portion of this claim as I noticed that the property is in a trust. Are you the trustee?

Also – I've enclosed a map of your property. Would you show on the map where both of the wells are located? Are you still using the original well, or did the new well replace it?

Please return this information, to my attention, by **March 16, 2020**, as this will allow us to complete your claim recommendation in a timely manner. Be sure to contact me if you have any questions. I can be reached at (208) 762-2800 or by email at linda.werner@idwr.idaho.gov.

Sincerely,

Linda A. Werner
Senior Water Resource Agent

Enclosures: Amended Claim 87-10638, Map, Taxlot Data

**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: 87-10638
Date Received:
Receipt No: N034947
Claim Fee:
Received 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

1. Name of Claimant(s)

FOY TESTAMENTARY TRUST
1325 N MOUNTAIN VIEW RD
MOSCOW ID 83843

Phone:

ROBERTA W FOY
1325 N MOUNTAIN VIEW RD
MOSCOW ID 83843

Phone: (208) 596-3788

2. Date of Priority: 9/1/1924

3. Source:

GROUND WATER
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
39N	05W	4	SE SW		LATAH	
39N	05W	4	SE SW		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:

9. Place of use:

DOMESTIC within LATAH County

Township	Range	Section	¼	of	¼	Lot	Acres
39N	05W	4	SW		SW		
39N	05W	4	SE		SW		

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

I purchased the property in September of 1961 and at that time the old well was providing water to the house for domestic use. The second well was drilled in 1999. D010765.

13. Basis of Claim: Beneficial Use

14. 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): _____ Date: _____
_____ Date: _____

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 _____

Identify

Identify from:

Parcels

[-] Parcels

+

FOY, ROBERTA W 1/2 INT

Location:

2,272,776.155 1,731,362.958 Meters

Field	Value
ID	11827184
UPDATED	1/22/2020
PIN	RP39N05W046913
OWNER	FOY, ROBERTA W 1/2 INT
ADDRESS1	1325 MOUNTAIN VIEW RD
ADDRESS2	
CITY	MOSCOW
STATE	ID
ZIPCODE	83843
P_ADDRESS	1325 MTN VIEW RD
P_ZIPCODE	83843
SUB_NAME	
LEGAL1	1.66 AC TAX #1232 SESW
LEGAL2	4 39 5
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	
ACRES	1.7
COUNTY	Latah
SOURCE	<null>
YEAR_BUILT	1924



Claim 87-10638

