

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: 87-12216

Date Received: 2-26-2020

Receipt No: N035939

Claim Fee: 25.00 By: JB

RECEIVED

FEB 26 2020

IDWR / NORTH

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

RECEIVED

MAR 09 2020

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) Jason and Heidi Hawley Phone (509) 330-1224
Mailing address 1079 Flannigan Creek Rd Viola ID 83872
Street or Box City State Zip
Email address (optional) hawleyjm@live.com
- Date of priority: (Only one per claim) February 15 2020 5th August 6, 2008 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 41N, Range 5W, Section 34,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Latah;
Parcel no. RP41N05W345504
Additional points of diversion, if any: _____
If available, GPS coordinates: 46 Degrees 50.17.830N 117 Degrees 00.36.20W
- 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 Drilled on August 6, 2008. steel 6" casing from +2' down 18'. PVC 4.5"ID from -10' to -210'. Water encountered at -170'. Static water level at -20'. Discharge or yield is 2.5 GPM. 1200gal holding tank
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from January 1 to December 31 amount .04 cfs (☒) or AFY ()
For stock purposes from January 1 to December 31 amount .00000004
- Total quantity claimed .04 cfs (☒) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 Home and Chickens Home is 4 Bedroom 3 bath

9. Location of place of use is: Township 41N, Range 5W, Section 34,
NW 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. RP41N05W34504

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: 2/15/2020

Date: 2/15/2020

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) _____ Claim ID _____



E1/4

S1/4NW

33

ESE

34

41N05W

87

NWSW