

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: 87-11312

Date Received: _____

Receipt No: N035224

Claim Fee: _____ By: _____

RECEIVED

APR 13 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

Please type or print clearly

1. Name of claimant(s) Nikolas and Caylee Birge Phone (208) 669-2002
Mailing address 1594 Flannigan Creek Rd Potlatch ID Zip 83855
Street or Box City State
Email address (optional) cayleebeckner@hotmail.com
2. Date of priority: (Only one per claim) 6/14/2019 (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 41N, Range 5W, Section 11,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of _____
Parcel no. RP41N05W110021A
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.
Well, 200 ft
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 amount cfs (✓) or AFY () .04
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed .04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home

9. Location of place of use is: Township 41N, Range 5W, Section 11,
SE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. 41N05W110021A

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

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):
Started use of well.

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: 0

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) Nikolas Birge Date: 3-26-2020
Caylee Birge Date: 3/26/2020

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) Nikolas and Caylee Birge Claim ID _____



Your Touchstone Energy®
Cooperative 

**4230 Hatwai Road • PO Box 997
Lewiston, ID 83501**

Phone: 1-888-743-1501

Office Hours:

Monday - Thursday: 7:00am - 5:30pm

Fridays: Closed

4129 1 AV 0.383
CAYLEE BIRGE
NIK BIRGE
2415 WHITE AVE
MOSCOW ID 83843-5097

5 4129
C-16



Account Number 51515

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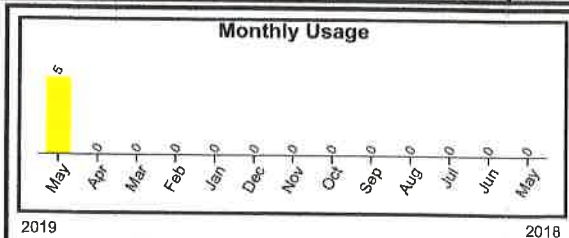
BILLING SUMMARY

Balance From Last Billing	28.75
Payment 05/29/19	150.00CR
Balance Forward	121.25CR
Current Electric Charges	29.21
Total Amount Due	\$92.04CR

FREE High-Voltage Safety Demonstration Saturday, June 15th in Lewiston 11:30AM. Free hot dogs and soda, all ages welcome! More info at: www.clearwaterpower.com

Srvr Addr: FLANNIGAN CREEK RD Desc: RESIDENCE Rate: 1-1

Meter	From	To	Days	Prev Read	Pres Read	KWH Usage	Peak kW
81983975	04/20/2019	05/20/2019	30	0	5	5	0.92



	May 2019	May 2018
Avg Daily Use	0	0
Avg Temp	54	59

Detail Of Charges

Service Availability Charge		28.75
kWh Charge	5 kWh x 0.091	0.46
Total Current Charges		29.21

Account Number	51515
Account Name	CAYLEE BIRGE
Statement Date	05/30/2019
Payment Due Date	06/20/2019

Primary Telephone: (200) 669-2002

Secondary Telephone: (208) 669-2002

Work Telephone:

Service Address: FLANNIGAN CREEK RD
POTLATCH, ID 83855

Mailing Address: NIK BIRGE
2415 WHITE AVE
MOSCOW ID 83843-5097

Email Address: cayleebeckner@hotmail.com

Total Amount Due	\$92.04CR
Helping Hands Donation	
Amount Enclosed	
Credit -- DO NOT PAY	

You can easily update any of your account information listed on the left. Simply call us at 1-888-743-1501 or cross out any incorrect information and hand-write the correct information. We'll take care of it either way!



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