

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: 87-11381

Date Received: 7-26-2019

Receipt No: N035272

Claim Fee: 25.00 By: [Signature]

RECEIVED

JUL 26 2019

IDWR/NORTHERN

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

APR 13 2020

Please type or print clearly

IDWR / NORTH

1. Name of claimant(s) Mike + Donna Shanaman Phone (208) 596-2735
Mailing address 1321 Crane Creek Rd Potlatch Id Zip 83855
Street or Box City State
Email address (optional) donna.shanama@yahoo.com
2. Date of priority: (Only one per claim) Early 1900's (Explain priority date selected in Remarks) 430-1908
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water ☒ or Other ☒ (a) well
which is tributary to (b) _____
4. Location of point of diversion is: Township 42 N, Range 04 W, Section 19
____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of _____
Parcel no. RP 42 N04 W19 1209 A
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 pumped to home
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For domestic purposes from Jan 1 to Dec 31 amount .01 cfs () or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed .01 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 _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. Same
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):

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) Donna G Shanaman Date: 6-11-19
Donna G. Shanaman Date: 4-8-2020

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 _____

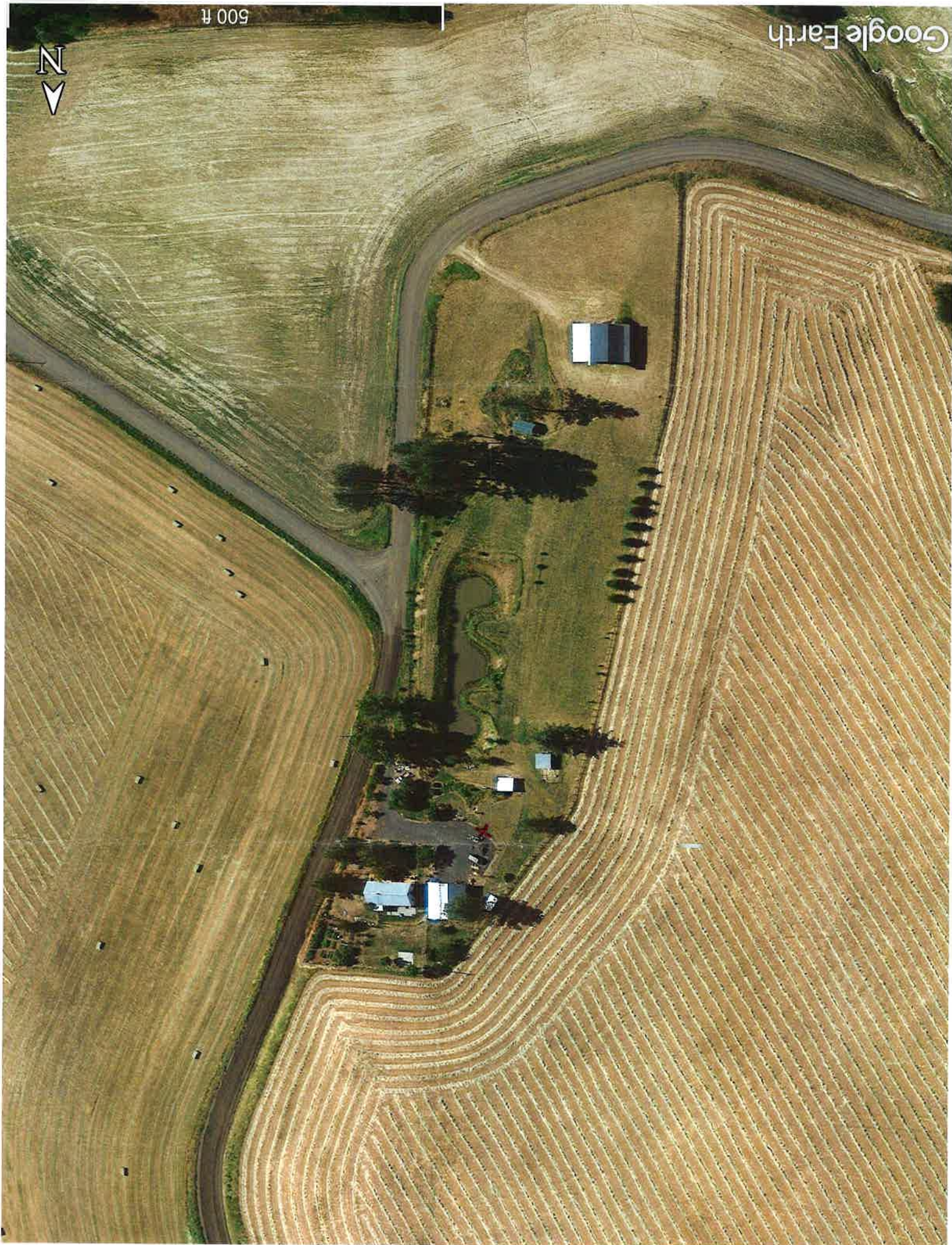
16. Notice of Appearance:

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 _____



DONNA SHANAMAN RECEIVED

APR 13 2020

Chris -

IDWR / NORTH

Enclosed is the amended claim form and google map with changes made as per your request.

I would like to request a copy of the Homestead report you referred to on my property. This would be helpful as I'm doing research on the Vogel Family and was excited to have an official date as to when they obtained this property.

Thanking you in advance

Donna Shanaman