

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: 87-11363

Date Received: \_\_\_\_\_

Receipt No: 1107335

Claim Fee: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED

MAY 04 2020

IDWR / NORTH

Please type or print clearly

*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) Christina Morovics Phone (206) 713-9764

Mailing address 1028 Gold Hill Rd Princeton ID 83857  
Street or Box City State Zip

Email address (optional) \_\_\_\_\_

2. Date of priority: (Only one per claim) 2008 (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 04W, Section 10,

NE 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Latah;

Parcel no. RP41N04W102570

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.  
\_\_\_\_\_  
\_\_\_\_\_

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For \_\_\_\_\_ Domestic \_\_\_\_\_ purposes from 1/1 to 12/31 amount .03  
Month/Day Month/Day cfs (✓) or AFY ( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total quantity claimed .03 cfs (✓) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
I used water for basic household needs. Showering, cleaning, watering animals, watering garden

9. Location of place of use is: Township 41N, Range 04W, Section 10,  
NE 1/4 of NW 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. RP41N04W102570  
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):  
When the home was completed.

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) Christina Morovics Date: 4/17/20  
\_\_\_\_\_  
Date: \_\_\_\_\_

**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

\_\_\_\_\_  
Agent's title (Please print) \_\_\_\_\_ of \_\_\_\_\_  
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) Christina Morovics Claim ID \_\_\_\_\_