

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

RECEIVED
IN THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE PADONOSE RIVER BASIN WATER SYSTEM
JUL 27 2019

IDWR/NORTH
RECEIVED

AUG 27 2019

IDWR / NORTH

CIVIL CASE NUMBER: 59576

Claim ID: 87-11465

Date Received: 5-14-2019

Receipt No: N034386

Claim Fee: 25.0 By: JD

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

- Name of claimant(s) JAMES E TODD OR CARMEN L TODD Phone (208) 691-4444
Mailing address 842 NYLAROL ST MOSCOW ID 83843
Street or Box City State Zip
Email address (optional) CAT122543@GMAIL.COM
- Date of priority: (Only one per claim) 1907 1904 (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 39N, Range 05W, Section 17,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RPM0480001005B
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
The well was in existence in 1907 when the property was a farm with horses, a house and a barn and possibly an orchard. The pump was replaced in about 1994. I believe the depth of the well is 187 feet.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 4/15 to 10/15 amount 13,000 GAL/DAY cfs (✓) or AFY ()
For _____ purposes from 1/1 to 12/31 amount 04 CT
- Total quantity claimed 13,000 GAL/DAY cfs (✓) or AFY () 04 CT
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
IRRIGATION OF ALMOST ONE HALF ACRE IS THE ONLY PRESENT USE.

9. Location of place of use is: Township 39N, Range 05W, Section 17,
SE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. SAME
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):

YEAR ORIGINAL HOME WAS BUILT

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)

Carmen L. Todd
[Signature]

Date: 8/23/2019

Date: 7/21/2020

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) JAMES E TODD OR CARMEN L TODD Claim ID _____