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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

Ident. Number: 87-10634

Date Received: 6/12/2019

Receipt No: N034931

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

ROY SCOLES
1027 CLIFFORD RD
PRINCETON ID 83857

2. Date of Priority: ~~12/31/1962~~ 1/1/50 jma 5/12/20

3. Source: HATTER CREEK Tributary to: PALOUSE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
41N	04W	15	SW NW		LATAH	
41N	04W	15	NW SW		LATAH	

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
STOCKWATER	1 /1 12/31	0.02	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Cattle	100
	STOCKWATER	Horses	25

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	04W	15	SW NW		STOCKWATER	
			NW SW		STOCKWATER	
			SW SW		STOCKWATER	
Section Acres						
Total Acres						

87-10634

2/18/2020

SCANNED
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10. Place of use in counties: LATAH

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: The date the family moved to the property.

Description of use: Water Use

Description

STOCKWATER

in-stream stockwater

14. Basis of Claim: Beneficial Use

15. Signature(s) Janice M. Ahles Roy T. Ahles

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Janice M. Ahles
Roy T. Ahles

Date:

5/12/20

Date:

5/12/20

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

____ of _____
Title Organization

That I have signed the foregoing document in the space below as

____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name