

**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 59576
NUMBER:
Ident. Number: 87-12210
Date Received:
Receipt No.:**

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
UNITED STATES OF AMERICA USDA FOREST SERVICE	550 W FORT STREET MSC 033	BOISE	ID	USA	83724

2. Date of Priority:

Date	Explanation
10/15/1937	The year 1937 is designed into the concrete works of the dam and on the Engineering Design Plan.

3. Source:

Source	Tributary	Type
PALOUSE RIVER	SNAKE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
42N	03W	36		NE	SE	LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
RECREATION	-	-	Swimming Hole at Laird Park Forest Service Campground.
RECREATION STORAGE	-	-	Swimming Hole at Laird Park Forest Service Campground.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
RECREATION STORAGE	6 / 1	9 / 30
RECREATION	6 / 1	9 / 30

7. Quantity:

Water Use	CFS	AF	KW
RECREATION	0.780	0.00	0.0
RECREATION STORAGE	0.000	1.40	0.0

Totals:

CFS	AF	KW
0.780	1.40	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
RECREATION	42N	02W	31	NW	SW	IDAHO	-	-
RECREATION	42N	03W	36	NE	SE	IDAHO	-	-
RECREATION STORAGE	42N	02W	31	NW	SW	IDAHO	-	-
RECREATION STORAGE	42N	03W	36	NE	SE	IDAHO	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Palouse River Basin 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): _____ Date: _____
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of 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