

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: 87-7085
Date Received: 7/11/2019
Receipt No: N035182
Claim Fee:
Received By: _____

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**

AMENDED

1. Name of Claimant(s)

ALLEN BOWLES
2120 HWY 95 N
MOSCOW ID 83843

Phone:

2. Date of Priority: 12/16/1982

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
39N	05W	5	NW NW	<u>4</u>	LATAH	

5. Description of diverting works:

WATER IS DIVERTED FROM THE WELL BY A SUBMERSIBLE PUMP.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.04		4.8

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 4.8 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within LATAH County

Township	Range	Section	¼	of	¼	Lot	Acres
39N	05W	5	NW		NW	<u>4</u>	
<u>39N</u>	<u>05W</u>	<u>5</u>	<u>SW</u>		<u>NW</u>		

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: License

14. 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):

Allen Bowler

Date: 08/05/20

Date: _____