

**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: 87-4019
Date Received: 08/23/2020
Receipt No.: T109184

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
08/23/2020	T109184	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JUSTIN FLETCHER	6505 SW CANYON CT	PORTLAND	OR	USA	97225

2. Date of Priority:

Date	Explanation
5/31/1932	

3. Source:

Source	Tributary	Type
FOURMILE CREEK	PALOUSE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
40N	05W	5		NE	SE	LATAH

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	
		Cattle	11 - 25	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
-----------	----------------	--------------

STOCKWATER	1 / 1	12 / 31
------------	-------	---------

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	40N	05W	5	NE	SE	LATAH	-	-

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