

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: 87-11414

Date Received: 8/20/2020

Received By:

RECEIVED

SEP 10 2020

DEPARTMENT OF
WATER RESOURCES

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

RAMIROSE ATTEBURY Phone:(509) 304-4719
2805 HWY 95 S.
MOSCOW ID 83843

2. Date of Priority: 3/14/1956

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
39N	05W	19	SW SE		LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	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: 1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
39N	05W	19	SW SE		DOMESTIC	

Section Acres

Total Acres

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: This was the year that this house was built

87-11414

8/20/2020

Description of use: Water Use

Description

DOMESTIC

This is the well to our house. We do not irrigate we simply use the water for our household

14. Basis of Claim: Beneficial Use

15. Signature(s)

87-11414 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):

Date: 9-3-20

Date: _____

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

Title _____

of _____

Organization

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

15. Signature _____

Title _____

of _____

Organization

87-11414 and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____

Date: _____

Title and Organization _____

Please print name

Claim 87-11414

- Point of Diversion
- Claim Place of Use
- Parcels
- QQ
- Sections

NWSE

NESE

39N05W19

SWSE

SESE

NENW

NWNE

39N05W30

NENE