

AMENDED CLAIM

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: 87-12210
Date Received:
Receipt No.:

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 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

7. Quantity:

Water Use	CFS	AF	KW
RECREATION STORAGE	0.000	8.40	0.0

Totals:

CFS	AF	KW
0.000	8.40	0.0

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: Attachments and other supporting information previously filed with IDWR.

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

Date _____

Date: _____

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

Water Rights and Uses Program Manager of USDA Forest Service Northern Region
Title Organization

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

Water Rights and Uses Program Manager of USDA Forest Service Northern Region
Title Organization

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

Signature of Authorized Agent THOR BURBACH Digitally signed by THOR BURBACH
Date: 2020.11.17 11:42:45 -07'00' Date _____

Title and Organization USDA Forest Service Northern Region

Please print name Thor Burbach