

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: ~~87-7202~~ **87-7202 A**

Date Received: 7/22/2019

Receipt No: N035231

Received By:

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

1. Name of Claimant(s)

GEORGE LEONARD BURNS Phone:(208) 669-1535

3051 W TWIN RD

MOSCOW ID 83843

RICHARD TUCK Phone:(208) 669-1535

3071 W TWIN RD

MOSCOW ID 83843

2. Date of Priority: 6/12/1997

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
40N	05W	33	NE NE		LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	1 /1 12/31	0.06	2.4
STOCKWATER	1 /1 12/31	0.01	0.1

7. Total Quantity Appropriated is: 0.06 C.F.S. and/or 2.4 A.F.A

8. Non-irrigation uses:

<u>Number of Homes:</u>	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
1	STOCKWATER	Horses	10

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
40N	05W	33	NE NE		DOMESTIC	
					Section Acres	

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
40N	05W	33	NE NE		STOCKWATER	
					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: Our water right number is 87-07202. This date was for the installation of the well and the introduction of horses to the property.

Description of use:	Water Use	Description
DOMESTIC		Hate use for two homes from the single well.
STOCKWATER		Water is for two horses.

14. Basis of Claim: License

15. Signature(s)

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: _____
 _____ Date: _____

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