

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: 87-11712

Date Received: 8/29/2019

Receipt No: T107642

Received By:

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

1. Name of Claimant(s)

KARL RINK Phone:(208) 875-8797
1277 GOLD HILL RD
PRINCETON ID 83857
LINDA RINK Phone:(208) 875-8797
1277 GOLD HILL RD
PRINCETON ID 83857

2. Date of Priority: ~~8/20/2001~~ 12/31/1979

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
42N	04W	28	SE NE		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	0.01	0

7. Total Quantity Appropriated is: 0.01 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
42N	04W	28	NE SW		DOMESTIC	
			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

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9/12/2019

12. Other Water Rights Used:

13. Remarks:

Priority date description: This is the approximate date we first occupied this property after purchasing it from the prior owners.

Description of use:	<u>Water Use</u>	<u>Description</u>
	DOMESTIC	Personal consumption, routine daily use, consumption by 4 horses

14. Basis of Claim: Beneficial Use

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): [Signature] Date: 2/17/2021
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

Title of 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