

**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: 87-4042
Date Received: 4/26/2019
Receipt No: N034242
Claim Fee: \$57.00
Received By: _____

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

1. Name of Claimant(s)

CITY OF POTLATCH
PO BOX 525
POTLATCH ID 83855

Phone: (208) 875-0708

2. Date of Priority: 6/1/1938

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
41N	05W	1	SW 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
MUNICIPAL	1 /1	12/31	0.07		

7. Total Quantity Appropriated is:

~~0.07 C.F.S.~~

.08, 45,000 gallons per day

8. Non-irrigation uses:

9. Place of use:

within County

Township Range Section $\frac{1}{4}$ of $\frac{1}{4}$ Lot Acres

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

This date is on the State of Idaho, Department of Water Resources, Claim to a Water Right dated March 4, 1980.

13. Basis of Claim: Statutory Claim

14. 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 Organizations:

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

MAYOR of CITY OF POTLATCH ID
Title Organization

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

MAYOR of CITY OF POTLATCH
Title Organization

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

Signature of Authorized Agent David G. Brown Date 9/21/2020

Title and Organization MAYOR CITY OF POTIATCH, ID.