

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: 87-11619

Date Received: 8/29/2019

Receipt No: T107631

Received By:

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

1. Name of Claimant(s)

JAMES MENGELKAMP Phone:(208) 882-0244
3215 HWY 8
MOSCOW ID 83843

2. Date of Priority: 1/1/1955

3. Source:

~~UNNAMED STREAM~~

Tributary to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
39N	05W	23	SE NE		LATAH	
39N	05W	23	NW 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
STOCKWATER	4 /1 10/31	0.01	0.3

7. Total Quantity Appropriated is: 0.01 C.F.S. and/or 0.3 A.F.A

8. Non-irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Cattle	50

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
39N	05W	23	SE NE		STOCKWATER	
			NW SE		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

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9/11/2019

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use

Description

STOCKWATER

small claim stockwater for livestock

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): _____ 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