

**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 59576
NUMBER:
Ident. Number: 87-11731
Date Received:
Receipt No.:**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JAMES ATKINSON	1025 VALE RD	HARVARD	ID	USA	83834

2. Date of Priority:

Date	Explanation
10/1/2012	This is the date we moved into the home.

3. Source:

Source	Tributary	Type
GROUND WATER	PALOUSE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	03W	9		SW	NE	LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	Mostly used as irrigation for garden and lawn but also used to water horses when they are on our property and to water chickens year round.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4 / 1	10 / 31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	3.5

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	41N	03W	9	SE	NW	LATAH	-	0.1
IRRIGATION	41N	03W	9	SW	NE	LATAH	-	3.4

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 ___ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

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(s): _____ Date: _____
 _____ Date: _____

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