

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

Claim ID: 87-12277

Date Received: 5/6/21

Receipt No: N036954

Claim Fee: \$2500 By: JR

RECEIVED

MAY 06 2021

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

DWR / NORTH

Please type or print clearly

1. Name of claimant(s) DALE SLAGLE Phone (208) 892-4266
Mailing address 6159 HIGHWAY 95 N POTLATCH ID 83855
Street or Box City State Zip
Email address (optional) _____
2. Date of priority: (Only one per claim) 12/31/1920 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) EAST FORK DEEP CR., UNK STRM
which is tributary to (b) DEEP CREEK, EAST FORK DEEP CREEK
4. a. Location of point of diversion is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____, BM, County of _____
Parcel no. RP43N04W310041
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township 43N, Range 04W, Section 31, NW 1/4 of NE 1/4,
Govt. Lot _____, BM, County of LATAH
Ending point is: Township 43N, Range 04W, Section 31, SW 1/4 of NE 1/4,
Govt. Lot _____, BM, County of LATAH
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.
IN-STREAM WATERING OF LIVESTOCK

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.02 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) STOCKWATER USE FOR 5 HORSES

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
43N	04W	31	S	S	S														

Parcel no(s) RP43N04W310041 Total number of acres irrigated _____

10. In which county(ies) are lands listed above as place of use located? LATAH

11. Do you own the property listed above as place of use? Yes (☒) No (☐)
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (☒)

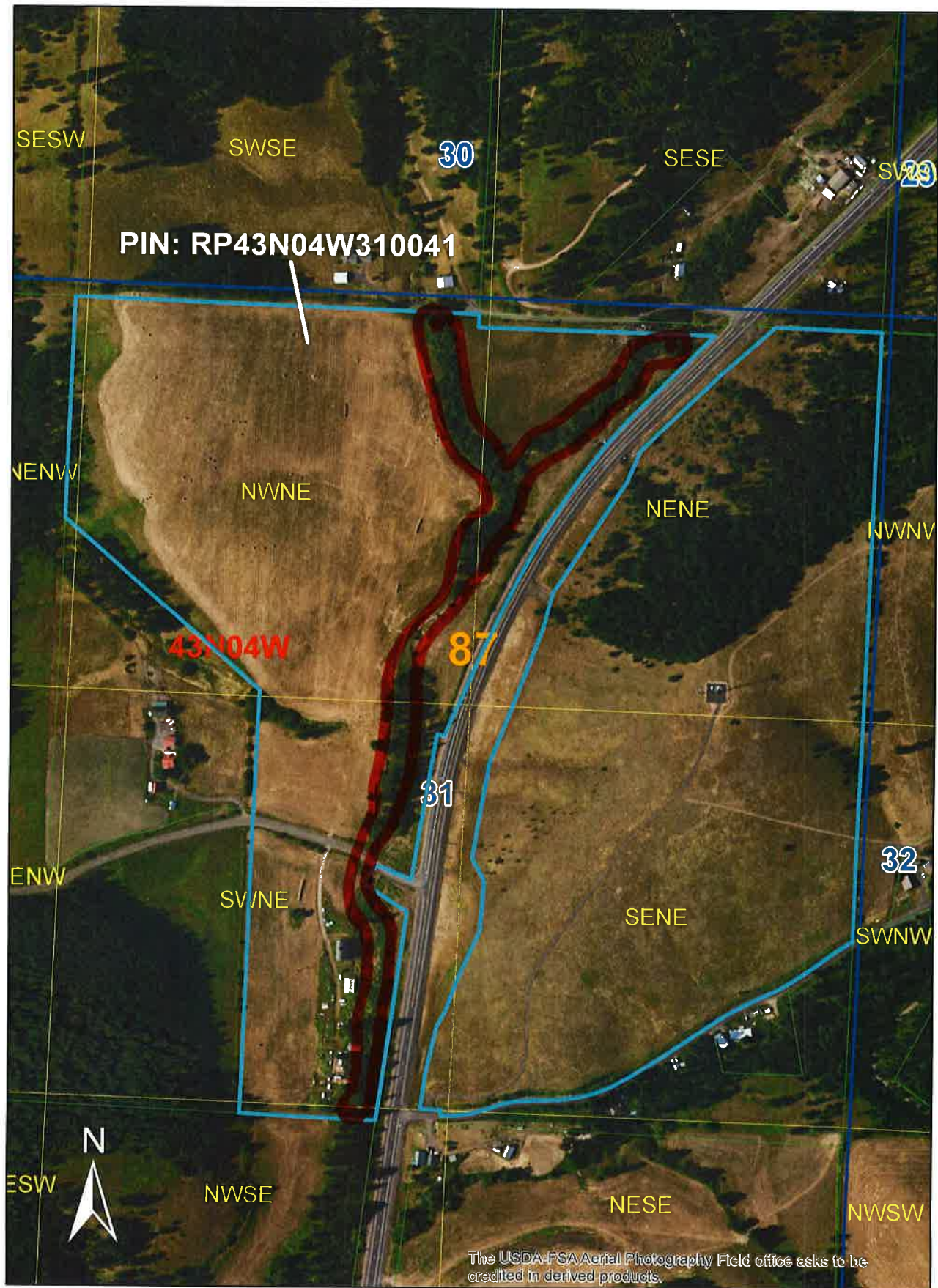
13. Remarks (Include an explanation of the priority date selected):

THIS IS THE APPORXIMATE DATE MY PARENTS FIRST BUILT THE ORIGINAL HOME (ACROSS
CURRENT HWY 95). THAT HOME WAS REMOVED AND REPLACED WITH THE ONE CURRENTLY USED.
STOCK HAVE BEEN SUPPLIED WATER ON THE PROPERTY CONTINUOUSLY SINCE THAT TIME.

Name of claimant(s) DALE SLAGLE Claim ID _____

PARCEL LOCATION FOR PRBA CLAIM

2019 AERIAL PHOTO



14. Basis of claim (Check one) Beneficial Use (☒) Posted Notice (☐) License (☐) Permit (☐) Decree (☐)

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Palouse River Basin Water System 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) DALE L. SLAGLE Date: 6 May 2021

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Agent's title (Please print) of _____
Name of organization (Please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) DALE SLAGLE Claim ID _____