



State of Idaho

DEPARTMENT OF WATER RESOURCES

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BRAD LITTLE
Governor

GARY SPACKMAN
Director

May 13, 2021

CHARLES AND ROBERTA GRAHAM
2040 MILL RD
MOSCOW ID 83843

SUBJECT: Palouse River Basin Adjudication (PRBA) Notice of Claim to a Water Right Number 87-10867

Dear Mr. and Ms. Graham:

In regard to our discussion during the field exam of Monday, May 10, 2021, relating to the Notice of Error reply received in regard to our preliminary claim recommendation. Enclosed is claim 87-10867, which has been amended to change the source from a pond to surface runoff, tributary to the S. Fork of the Palouse River. It also includes the recreational storage usage from the pond. Please note the quantity has increased from 4.0 af to 5.7 acre-feet (af); resulting from data determined from a spreadsheet designed to calculate pond storage using seepage and evaporative losses. (Copy enclosed)

Please review the claim for accuracy and if you notice any errors, just cross out the old information and write in the new. Be sure to initial and date any changes that you make and sign and date under item 15. I didn't include your email address so you may want to fill that in, and I added a description of diverting works under item 5.

Please return this information, to my attention, by **May 28, 2021**, with an additional filing fee of \$26.00. Be sure to contact me if you have any questions. I can be reached at (208) 762-2802 or by email at linda.werner@idwr.idaho.gov.

Sincerely,

Linda A. Werner
Senior Water Resource Agent

Enclosures: Amended Claim 87-10867, Pond Storage Calculation Sheet

**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: 87-10867

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) CHARLES L AND/OR ROBERTA S GRAHAM Phone (208) 882-8401
Mailing address 2040 MILL RD MOSCOW ID Zip 83843
Street or Box City State
Email address (optional) _____

2. Date of priority: (Only one per claim) 6/1/1970 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) SURFACE RUNOFF
which is tributary to (b) SOUTH FORK PALOUSE RIVER

4. a. Location of point of diversion is: Township 39N, Range 05W, Section 15,
SE 1/4 of SE 1/4, Govt. Lot _____, BM, County of LATAH

Parcel no. RP39N05W159755

Additional points of diversion, if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,

Govt. Lot _____, BM, County of _____

Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,

Govt. Lot _____, BM, County of _____

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.

1 hp pump in pond with PVC buried pipeline to place of use.

6. Water is claimed for the following purposes:

		(dates are inclusive MM-DD)	(cfs)	(acre-feet)
For	RECREATION STORAGE	purposes from 1/1 to 12/31	amount _____	or 5.1
For	DOMESTIC STORAGE	purposes from 3/15 to 10/31	amount _____	or 0.6
For	DOMESTIC FROM STORAGE	purposes from 03/15 to 10/31	amount _____	or 0.6
For		purposes from _____ to _____	amount _____	or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) 5.7 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) Domestic lawn, garden, orchard irrigation and recreation usage

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.

[illegible]

Parcel no(s) _____ 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.

87-10866 _____ or None ()

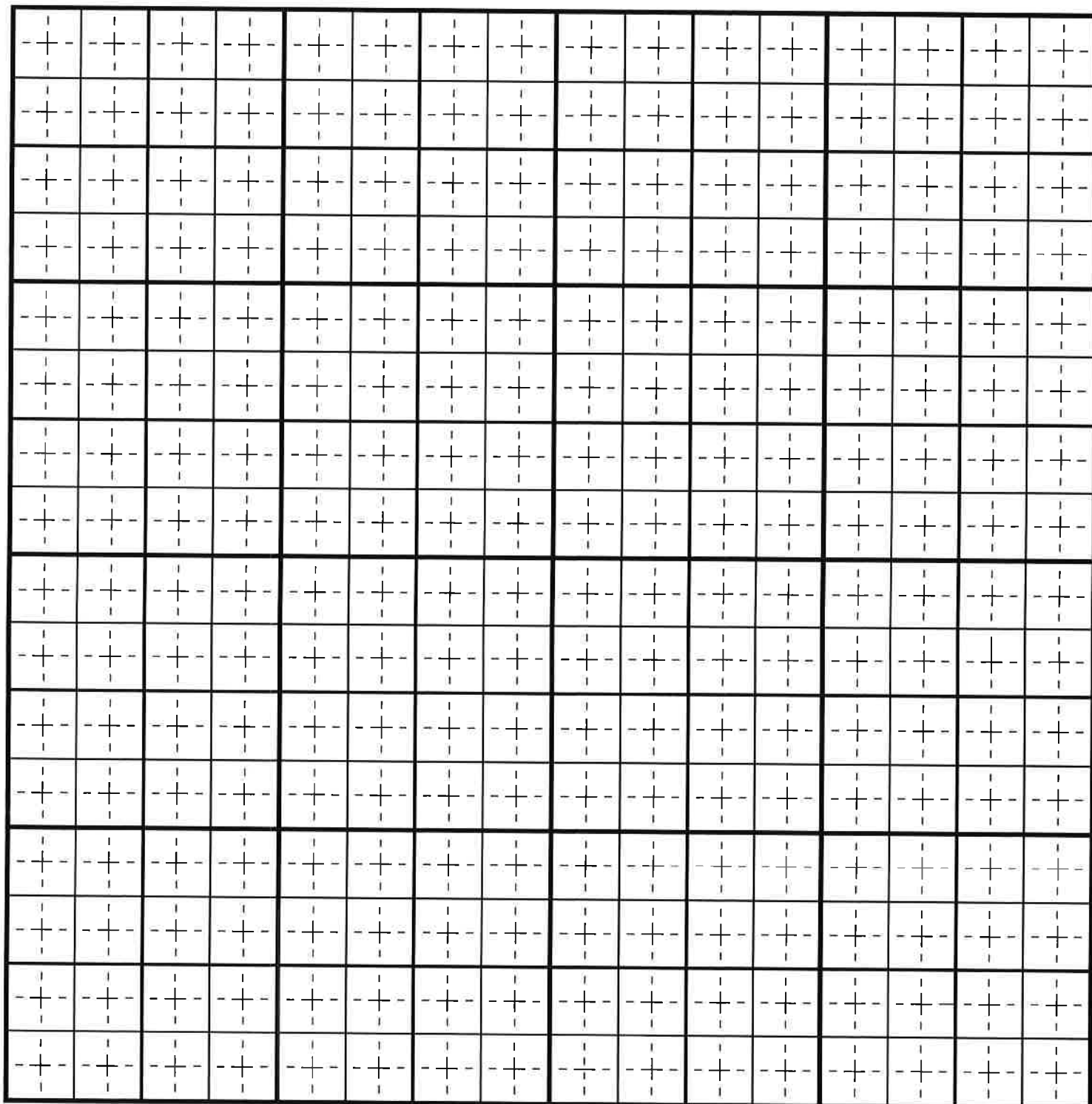
13. Remarks (Include an explanation of the priority date selected):

Name of claimant(s) CHARLES L AND/OR ROBERTA S GRAHAM

Claim ID _____

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Name of claimant(s) CHARLES L AND/OR ROBERTA S GRAHAM

Claim ID _____

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) _____ Date: _____

_____ 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

_____ of _____
Agent's title (Please print) 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) CHARLES L AND/OR ROBERTA S GRAHAM Claim ID _____