

RECEIVED

JUN 07 2021

DEPT. OF WATER RESOURCES

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: 87-10550

Date Received: 5/16/2019

Receipt No: N034568

Received By:

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

1. Name of Claimant(s)

CAROLYN A BLAZZARD Phone:(208) 553-4268
1380 ROCK CREEK RD
POTLATCH ID 83855-9644

2. Date of Priority: 12/31/1938

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
41N	04W	30	NW NW	1	LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.01	

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

8. Non-irrigation uses:

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	04W	19	SW SW	4	DOMESTIC	

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	04W	30	NW NW	1	DOMESTIC	

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	05W	25	NE NE		DOMESTIC	

Section Acres

Total Acres

87-10550

1/19/2021

10. Place of use in counties: LATAH

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

12. Other Water Rights Used:

13. Remarks:

Priority date description: YEAR ORIGINAL HOME WAS BUILT

Description of use: Water Use

Description

DOMESTIC

DOMESTIC USE - SHOP

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): Casaly A. Blazard Date: 5/28/21
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