

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.

RECEIVED

JUL 16 2021

IDWR / NORTH

CIVIL CASE NUMBER : 59576

Ident. Number: 87-10021

Date Received: 3/1/2021

Receipt No: N036760

Received By:

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

1. Name of Claimant(s)

BUCK TAGGART

Phone: (208) 596-6604

PO BOX 8

VIOLA ID 83872-0008

2. Date of Priority: 6/15/2002

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	05W	2	SW NW		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	0.03	1.9
IRRIGATION	04/01 10/31	0.03	2.7

7. Total Quantity Appropriated is: 0.03 C.F.S. and/or 4.6 A.F.A

8. Non-irrigation uses:

Number of Homes: 6	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	05W	2	SW NW		DOMESTIC	
Section Acres						
Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	05W	2	SW NW		IRRIGATION	0.9
Section Acres 0.9						
Total Acres 0.9						

10. Place of use in counties: LATAH

87-10021

6/11/2021

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

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description
DOMESTIC
IRRIGATION

14. Basis of Claim: License

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): Buck R Taggart Date: 7/14/21
Mary Taggart Date: 7/14/21

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