

JAN 18 2009

DEPARTMENT 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

Claim ID: _____

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW For Domestic and/or Stockwater Purposes Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) Craig McConnel & Lindsey McConnel Phone (970) 286-5086
Mailing address 630 S Sumner St Palouse WA Zip 99161
Street or Box City State
Email address (optional) cmcconnel@wsu.edu
- Date of priority: (Only one per claim) 06/29/1983 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 41N, Range 05W, Section 21,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Latah
Parcel no. RP41N05W210071
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, 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.
Well supplying stock tanks. Well placed on west side of E Cove Rd in corrals. Replaced existing well pump on 8-30-21 with new Pentair pump model no. B10P4MS07231-03, 3/4@10, set 140, depth 150, static 58'.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Stockwater purposes from Month/Day 1/1 to Month/Day 12/31 amount cfs (✓) or AFY () 0.03
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.03 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Stockwater use is for up to 100 head of cattle.

9. Location of place of use is: Township 41N, Range 05W, Section 21,
NE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. same
If different than shown in Item 4
for (check one) **Domestic** () **Stock** (✓) **Domestic and Stock** ()

Additional places of use, if any _____

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 the 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.
87-4156 or None ()

13. Remarks (include an explanation of the priority date selected):
Best estimate of well use for stockwater in conjunction with right number 87-4156

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____

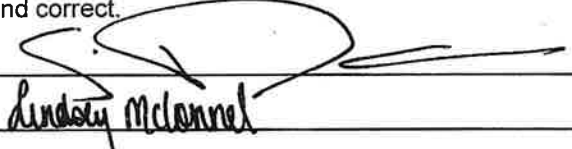
If applicable provide IDWR Water Right Number _____

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: 1/11/22
Date: 1/11/22

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 of behalf on 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) Craig McConnel & Lindsey McConnel Claim ID _____