

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number: 63-35068
Date Received: 6/24/2021
Receipt No: C110558
Claim Fee: \$25.00
Received 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

1. Name of Claimant(s)

EDWARD A ROSE JR
11611 W LANKTREE GULCH RD
STAR ID 83669

Phone: (208) 286-0286

Claim # 63-35068

2. Date of Priority: 12/1/1998

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
05N	01W	31	SW NE		ADA	

5. Description of diverting works:

Domestic well

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.24		
STOCKWATER	01/01	12/31	—		

7. Total Quantity Appropriated is: 0.24 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

One 5 bedroom home
10 Horses

9. Place of use:

DOMESTIC within ADA County

Township	Range	Section	¼	of	¼	Lot	Acres
05N	01W	31	SW		NE		

STOCKWATER within ADA County

Township	Range	Section	¼	of	¼	Lot	Acres
05N	01W	31	SW		NE		

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the SNAKE River Basin Adjudication." (b.) I/We do _____ do not X 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):

Edward A. [Signature]

Date:

8/30/21

RECEIVED

SEP 03 2021

DEPARTMENT OF

WATER RESOURCES

RECEIVED

JUN 24 2021

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 COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Claim ID: _____

Date Received: 6.24.21Receipt No: 6110558Claim Fee: 2500 By: Kul

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

Claim #
63-35068

Please type or print clearly

- Name of claimant(s) Edward A Rose Jr Phone (208) 286-0286
Mailing address 11611 W Lanktree Gulch Rd Star ID Zip 83669
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 12/01/1998 (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 05N, Range 01W, Section 31,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of ADA;
Parcel no. R5782850100
Additional points of diversion, if any: _____
If available, GPS coordinates: Lat: 43.72897 Long: -116.49877
- 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.
Domestic well
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic & stock use purposes from 1/1 Month/Day to 12/31 Month/Day cfs (✓) or AFY () amount .24
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .24 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
one 5 bedroom home plus 10 horses

9. Location of place of use is: Township 05N, Range 01W, Section 31,
1/4 of 1/4, Govt. Lot BM, Parcel no. R5782850100
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? ADA

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.
_____ or None (✓)

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

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 Coeur d'Alene-Spokane 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: 0

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) Edward A. Joseph Date: 6/15/21

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 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) _____ Claim ID _____