

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: A01-10098
Date Received: 6/29/1989
Receipt No: E009323
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: PETER M. CANNON 208-357-7991
Address: 850 E. 1500 N.
SHELLEY, ID 83274

2. Date of Priority: JUN 01, 1889

3. Source: SNAKE RIVER Trib. to: COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
01N	36E	25		SW	SW		BINGHAM
		35		NE	SE		BINGHAM

5. Description of diverting works:
DRAWN FROM A CANAL BY PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	03/01	11/01	0.125		

7. Total Quantity Appropriated is:
0.125 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
01N	36E	26	SE	SE		IRR	19.0
Section Acres							19.0

10. Place of Use: Continued

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
01N	36E	35	NE		NE		IRR	39.0
			NW		NE		IRR	18.0
			SW		NE		IRR	39.0
			SE		NE		IRR	39.0
			SE		NW		IRR	9.0
			NE		SW		IRR	37.0
			NW		SW		IRR	4.0
			SW		SW		IRR	29.0
			SE		SW		IRR	40.0
			NE		SE		IRR	21.0
			NW		SE		IRR	40.0
			SW		SE		IRR	40.0
			SE		SE		IRR	14.0
			Section Acres					369.0
		36	NW		NW		IRR	17.0
			SW		NW		IRR	12.0
			Section Acres					29.0
			Total Acres					417.0

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:

DECREE RIGHT T398/010117R, T399/01-0117T WHICH IS .125, 19%

14. Remarks:

A01-10094/10095/10096/10097. THIS CLAIM IS FOR 19% OF DECREE RI
GHTS T398/01-0117R, AND T399/01-0117T.

15. Basis of Claim: DECREE

Case Number:

Court :

Decree date:

Decree Plaintiff

vs

Decree Defendant

A01-10098

Page

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Date: 08/17/89

16. 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 _____ 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 that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

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CIVIL CASE NUMBER: 39576

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AOI-10098

Date Received

6-29-89 / 47.

Receipt Number

F009323

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) PETER M. CANNON Phone (208) 357-7991

Mailing Address 850 E 1500N Shelly, ID Zip 83274

2. Date of Priority (Only one (1) per claim) 6/1/1889

3. Source of water supply (a) SNAKE RIVER
which is tributary to (b) COLUMBIA RIVER

4. a. Location of existing point of diversion is: Township 1N Range 36E Section 35,
NE 1/4 of SE 1/4 of 1/4, Govt. Lot, B.M., County of Bingham

Additional points of diversion if any: 1N 36E Sec 25 SW 1/4 SW 1/4

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

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

Govt. Lot _____ B.M., County of _____

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

_____ 1/4, Govt. Lot _____ B.M., 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. Water is drawn from a carrying
canal by pump, pressurized and then delivered

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For irrigation purposes from 3/1 to 11/1 amount .073 or _____

For irrigation purposes from 3/1 to 11/1 amount .052 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .125 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) NONE

10. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
<u>1N</u>	<u>36E</u>	<u>26</u>																<u>19</u>	<u>19</u>
		<u>36</u>						<u>17</u>	<u>12</u>										<u>29</u>
		<u>35</u>	<u>39</u>	<u>18</u>	<u>39</u>	<u>39</u>				<u>9</u>	<u>37</u>	<u>4</u>	<u>29</u>	<u>40</u>	<u>21</u>	<u>40</u>	<u>40</u>	<u>14</u>	<u>369</u>

Total number of acres irrigated _____

11. In which county (ies) are lands listed above as place of use located? Bingham

12. 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.

13. Describe any other water rights used at the same place and for the same purposes as described above.
See below or None ()

14. Remarks: This comes from decreed right - T398/01-0119 R,
T399/01-0119 T
Rights applicable is 19% which is .125

Last Name Cannon Ident No. _____

Copies: White -State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number

A 16x16 grid of 256 squares. Each square contains a crosshair pattern formed by two perpendicular dashed lines intersecting at the center. The grid is composed of solid black lines forming the outer boundaries and the internal divisions between the squares.

Cannon

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License _____ Permit _____
Decree X
If applicable provide IDWR Water Right Number T398/01-0119R, T399/01-0119T
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. 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 _____
wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true
and correct.

Signature of Claimant (s) _____

Date 6/28/89

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

Title _____

of _____, that I have signed the foregoing

Organization

document in the space below as _____

Title _____

of _____

Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____

Title and Organization _____

Date _____

State of Idaho/or _____)

County of Bonneville) SS.

Subscribed and sworn (or affirmed) before me this 28

day of June

19 89

SEAL

Notary Public Rachael Shooz

Residing at Idaho Falls ID

My Commission Expires 4-19-94

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ 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.

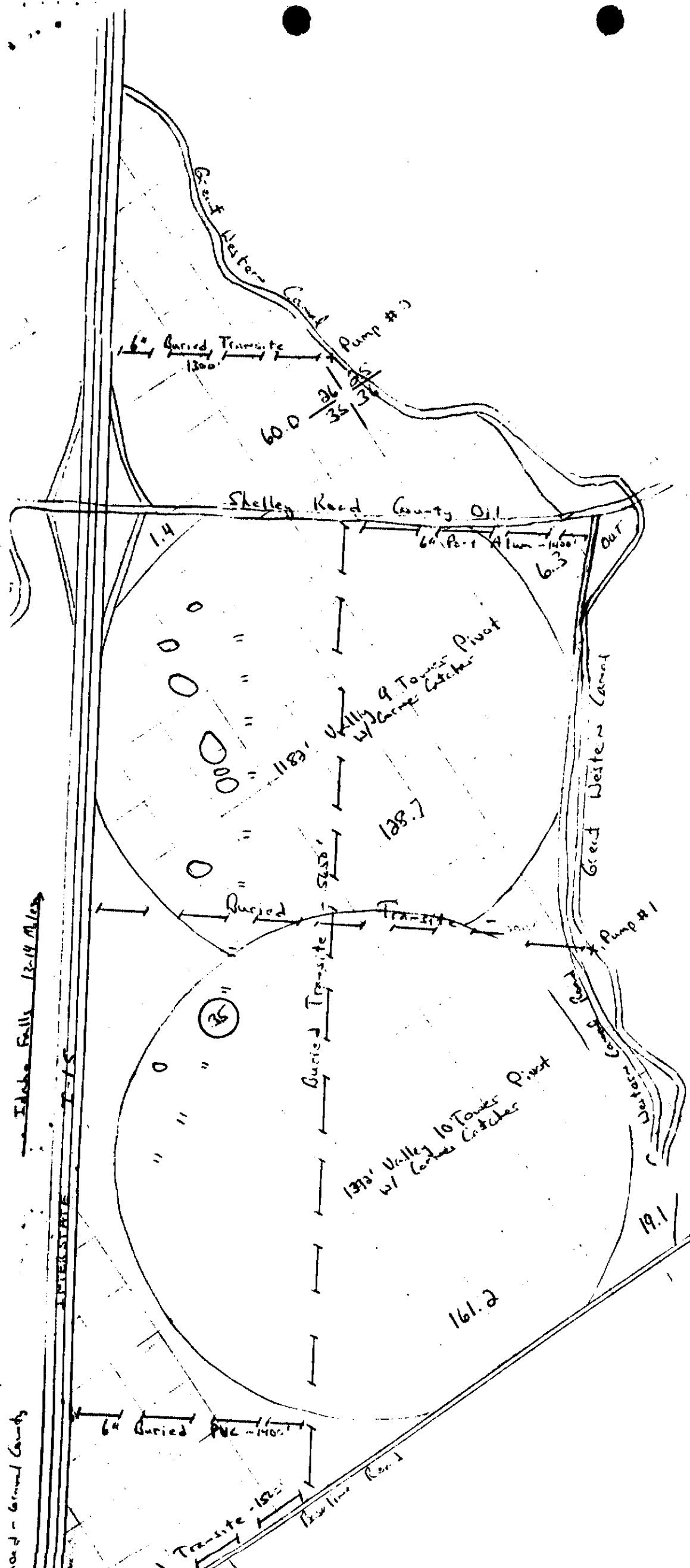
Signature _____

Address _____

Date _____

Last Name Cannon Ident. Number _____

Copies White-State, Yellow-Claimant



TP	AGE
COUNTY	
STATE	
SCALE 1" = 100'	
PLATTED BY	VERIFIED
TITLE REPORT OF	
VERIFIED BY	

Claims 01-000015, 01-10096, 01-10097, 01-10098
are for rights involved in Transfer 3150.

Allocations in Boise needs to data enter transfer
so the claim numbers can be cross referenced
to water right numbers.

- The quantities claimed are slightly less than
the actual transferred amounts due to rounding
error.

THE FOLLOWING DECREED WATER RIGHTS:

① Evidence of the following decrees:

PRIORITY	RIGHT #	AMT. (cfs)	Kelly Bros. 19% cfs	Remainder cfs	Merwyn Searle 34% cfs	Karl Searle 37% cfs	Earl Searle 29% cfs
7-10-1889	T264/01-0001B	8.67	1.65	7.02	2.39	2.60	2.03
6-1-1883	T247/01-0006 01-0136B	10.00 3.00	1.90 0.95	8.10 4.05	2.75 1.38	3.00 1.50	2.35 1.17
6-1-1887 6-1-1888 6-1-1889	T398/01-0116M 01-0117R 01-0118K	0.387 0.387 0.386	0.0735 0.0735 0.0735	0.94	0.32	0.35	0.27
↑	T399/01-0116P 01-0117T 01-0118M	0.278 0.278 0.279	0.0528 0.0528 0.0528	0.676	0.23	0.25	0.196
6-1-1887	T492/01-0116AR	8.00	1.52	6.48	2.20	2.40	1.88
TOTALS		33.65	6.399	27.26	9.27	10.10	7.896

cant is

A01-10097

6-1-1887.

T398/01-00116? 0.0735
T399/01-00116? 0.0528
T492/01-00116? 1.52
1.6463 cfs.

A01-10096

6-1-1888

T398/01-00117? 0.0735
T399/01-00117? 0.0528
0.1363 cfs.

A01-10098

6-1-1889

T398/01-00118? 0.0735
T399/01-00118? 0.0528
0.1363 cfs.

4/11/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME CAUNONCLAIM NO. A01-10098DATE RECEIVED 6/29/89

CK # _____

AMOUNT \$ _____

YES NO Required Info?

1. Is the name and address complete with zip code? X --- *
2. Is a priority date entered? X --- *
- Is the priority date acceptable in view of mandatory filing dates? X --- *
- See Adjudication Memos #1 and #4 to determine if a Permit is required. X --- *
3. (a) Is a source entered? X --- *
- (b) Is a tributary to entered? (if required) N/A X --- *
4. Is the legal description of the p.d. sufficient? X --- *
5. Is there a description of the diverting works? X --- *
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. X --- *
- Is the period of use included? X --- *
- Is a quantity claimed for each use? X --- *
7. Is a total quantity claimed entered? X --- *
8. If required is a consumptive use entered? N/A X --- *
- Is the consumptive use correct? N/A X --- *
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. N/A X --- *
10. Is (are) the place(s) of use and purpose(s) indicated? X --- *
11. Is (are) the county(ies) entered? X --- *
12. Is the ownership of p.u. checked? X --- *
13. Are other water rights listed or "none" indicated? --- X --- *
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) N/A X --- *
15. Is the basis of the claim indicated? X --- *
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) N/A X --- *
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. X --- *
18. Has the claim been signed, sealed, and dated by a notary? X --- *
19. Was this claim filed on time, or was an extension granted? X X --- *
20. Is the fee enclosed correct? Exempt X --- *
21. If this claim is based on an existing water right, has the identification number been entered? N/A X --- *
22. Should this claim be data entered? X --- *

LATE FEE OR
EXTENSION NEEDED

Claim checked by: FO Date: 8/16/89Claim must be returned to claimant: X (Yes) --- (No)Claimant must be notified of modifications: --- (Yes) X (No)

Receipt Prepared by: _____

Claim data entered by: SS-8-17-89

Date: _____

Date: _____

Checked by: _____ Date: _____

Sent to claimant by: _____

Date: _____

Comments: (1) CODE 0.125 CFS FOR IRRIGATION. (2) CODE "A01-10094/10095/10096/10097."

(14) CODE "THIS CLAIM IS FOR 19% OF DECREED RIGHTS T398/01-0117 R AND T399/01-0117T."