

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: A21-02142
Date Received: 3/09/1989
Receipt No: E006377
Received By: 431

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CITY OF ST. ANTHONY 208-624-3494
Address: 110 W. MAIN
ST. ANTHONY, ID 83445

2. Date of Priority: MAR 22, 1966

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
08N	40E	36	SW	SE	SE		FREMONT

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	3.810		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
M/ CITY OF ST. ANTHONY

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
07N	40E	1				MUNI	
		2				MUNI	
		12				MUNI	

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Date: 03/09/89

MICROFILMED
OCT 20 1992

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
07N	41E	6			MUNI	
		7			MUNI	
08N	40E	36			MUNI	
	41E	31			MUNI	

11. Place of use in counties: FREMONT

12. Do you own the property listed above as place of use? NO

13. Other Water Rights Used:
A2102171.

14. Remarks:

P/U WITHIN CITY LIMITS OF ST. ANTHONY.
POINT OF DIV. IS OWNED BY CITY.

15. Basis of Claim: LICENSE
Water Right Number: 32795

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 Organizations:

I do solemnly swear or affirm that I am City Clerk / Treasurer of St. Anthony, Idaho, that I have signed the foregoing document in the space below as City Clerk / Treasurer of St. Anthony, Idaho and that the statements contained in the foregoing document are true and correct.

Lila H. Gold
Signature of Authorized Agent
City Clerk / Treasurer
Title and Organization
St. Anthony, Idaho
March 23, 1989
Date

State of Idaho)
County of Bennville) SS.

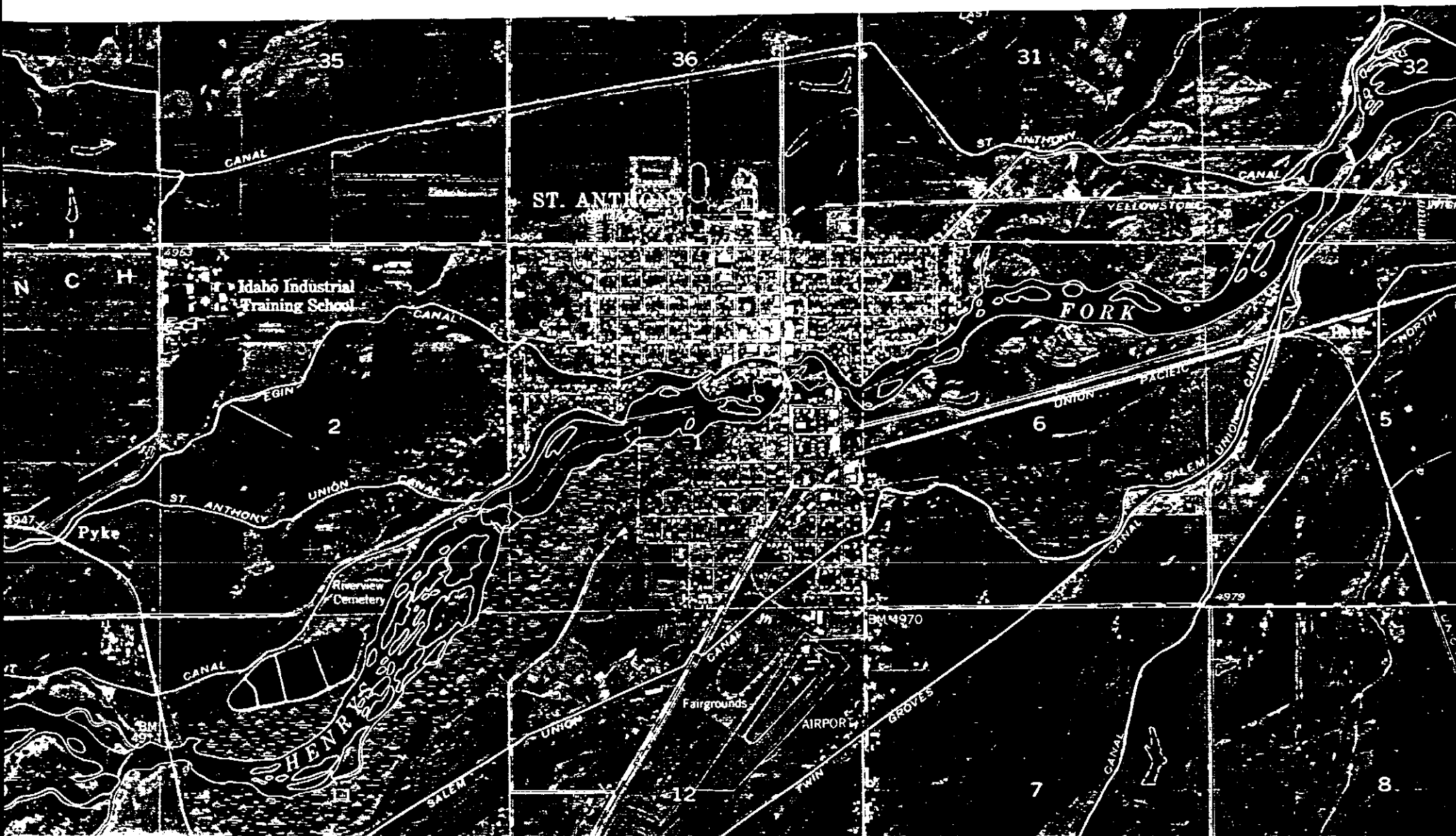
Subscribed and sworn (or affirmed) before me this 23rd day
of March 19 89

Betty J. Thompson
Notary Public

Seal

Residing at BETTY J. THOMPSON, NOTARY PUBLIC
RESIDING AT 1000 N. 1000 E. ST. ANTHONY, IDAHO 83401
My Commission Expires EXPIRATION DATE: 06-04

EN & 7N
40E 41E-



From: : DWR70::VERNER
To: : DWR03::SHAFF
Subj: . house keeping

24-MAR-1989 08:40

Subject: One of the Notice of Claim Numbers on receipt E006397 needs to be changed from A21-92142 to A21-02142.

Problem: The wrong claim number was coded onto the receipt form.

Solution: Change claim number on receipt E006397 to reflect the correct claim basin number ~~A21-92142~~ A21-02142.

Followup: Once the receipt has been modified a copy of the corrected receipt should be sent to: City of St. Anthony, 110 W. Main, St. Anthony, Idaho 83445.

Tx - Eric

*Corrected &
copy sent
6-27-89 RAB*

MICROFILMED

NOV 05 1990