

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: A21-07065
Date Received: 2/22/1989
Receipt No: M002725
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: G/6 INC. 208-652-3631
Address: C/O DONNA GRIFFEL
P.O. BOX 684
ASHTON, ID 83420

2. Date of Priority: JAN 14, 1975

3. Source: FALLS RIVER Trib. to: HENRYS FORK

4. Point of Diversion: Trib. to: *corrected*

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
09N	43E	35	SE	NE	SE		FREMONT

5. Description of diverting works:
75 HP PUMP, MAINLINE, 4 HANDLINES

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	1.000		

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

8. Total consumptive use is 300.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
08N	43E	2	NE	NE	1	IRR	41.0
			SE	NE		IRR	39.0
Section Acres							80.0

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10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
09N	43E	35	NE	SE		IRR	3.0
			SE	SE		IRR	37.0
						Section Acres	40.0
						Total Acres	120.0

11. Place of use in counties: FREMONT

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

13. Other Water Rights Used:

MARYSVILLE CANAL CO. AND FREMONT-MADISON IRRIGATION DISTRICT

14. Remarks:

15. Basis of Claim: LICENSE

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 _____ of
_____, Title
_____, that I have signed the foregoing
Organization
document in the space below as _____ of
_____, Title
_____ and that the statements contained in the
Organization
foregoing document are true and correct.

Signature of Authorized Agent

Title and Organization

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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Receipt No: M902725
Received By: GA

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P.O. BOX 684
ASHTON, ID

208-652-3631

83420

2. Date of Priority: JAN 14, 1975

3. Source: FALLS RIVER

Trib. to: SNAKE RIVER, HENRY'S FORK

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