

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: A21-10583
Date Received: 3/01/1989
Receipt No: MC02802
Received By: SEV

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DAVID PARKE 208-624-4148
Address: P.O. BOX 532
ST. ANTHONY, ID 83445
OR
Name: MARY LOU PARKE 208-624-4148
Address: P.O. BOX 532
ST. ANTHONY, ID 83445

A210583

2. Date of Priority: MAY 01, 1947

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
08N	41E	26	NE	NE	NE		FREMONT

5. Description of diverting works:
WELL W/ 1HP PUMP TO SHELTER HOME FOR 12 RESIDENTS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
COMMERCIAL	01/01	12/31	0.040		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
CULINARY WATER AT COMMERCIAL SHELTER HOME

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
08N	41E	26	NE NE		COMMER	

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:
NONE

14. Remarks:

BUILDING WAS ORIGINALLY OWNED AND OPERATED AS AN LDS CHURCH FACILITY. IN 1979 CLAIMANT PURCHASED BUILDING FROM THE LDS CHURCH AND CONVERTED IT INTO SHELTER HOME FOR HANDICAPPED PEOPLE. MAX. CAPACITY IS 12 RESIDENTS.

15. Basis of Claim: BENEFICIAL USE

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

Signature of Claimant(s): [Signature] Date: 3-1-89

Date: _____

State of Idaho)
County of Fremont) SS.

Subscribed and sworn (or affirmed) before me this 1 day
of March 1989

[Signature]
Notary Public

Seal

Residing at Idaho Falls, ID

My Commission Expires 22 Aug 1994