

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: A25-07267
Date Received: 8/25/1989
Receipt No: E009966
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ASA LEASE, A LTD PARTNERSHIP 801-972-4000
Address: P.O. BOX 30020
SALT LAKE CITY, UT 84130

2. Date of Priority: JAN 06, 1982

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4	of	1/4	of	1/4	Lot	County
02N	38E	4		SE		SE			BONNEVILLE

5. Description of diverting works:
WELL-PUMP TO BUILDING, 6" CASING 180' DEEP

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		6.90

7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) 6.90 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
CULINARY USE, STEAM CLEANING, AND EQUIP. MAIN. AT ARNOLD MACH.

10. Place of Use:

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
02N	38E	4	SE		SE		COMMER	

11. Place of use in counties: BONNEVILLE

A25-07267

Page

08/25/89

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A2507267

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

13. Other Water Rights Used:
NONE

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 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 _____

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

425-07267

Date Received

8-24-89

Receipt Number

E009966

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

See Remarks #14

1. Name of Claimant (s) R.L.Arnold, R.G.Arnold, Eugene Sandell Phone (801) 972-4000Mailing Address P. O. Box 30020, Salt Lake City, Utah Zip 841302. Date of Priority (Only one (1) per claim) January 6, 19823. Source of water supply (a) Groundwater
which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 2N Range 38E Section 4,
1/4 of SE 1/4 of SE 1/4, Govt. Lot, B.M., County of Bonneville

Additional points of diversion if any: _____

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. Well - Pump to Building6" well 180' deep

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Commercial purposes from 1/1 to 12/31 amount .04 or 6.9

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 CFS (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 6.9 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Culinary use, steam cleaning, and maintaining heavy equipment at Arnold Machinery Company

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	
2N	38E	4																C	

Total number of acres irrigated _____

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

See Remarks

12. Do you own the property listed above as place of use? Yes x 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.
_____ or None (x)

14. Remarks: #1 - People listed were partners in ASA Lease. R. L. Arnold and Eugene Sandell are deceased. Claimant should now read "ASA LEASE, A LIMITED PARTNERSHIP - ROBERT G. ARNOLD OR R. CLARK ARNOLD, GENERAL PARTNERS."

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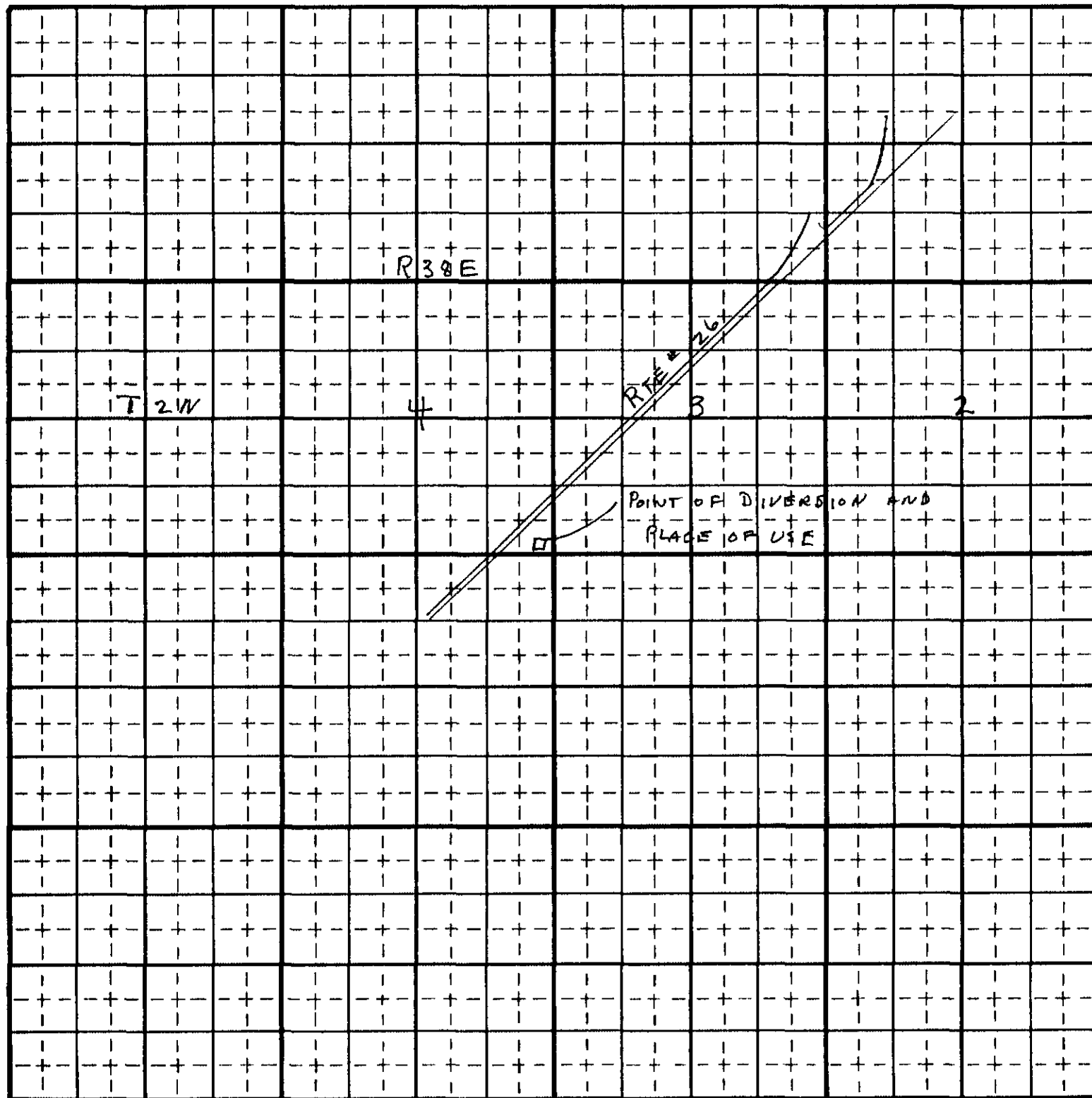
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Last Name _____ Ident No. _____

Copies: White - State, Yellow - Claimant

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

Scale: 2 inches equals 1 mile



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Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License ☒ Permit ☒

Decree _____

If applicable provide IDWR Water Right Number 25-7267

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 _____

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am GENERAL PARTNER
Title

of ASA LEASE, that I have signed the foregoing
Organization

document in the space below as GENERAL PARTNER of ASA LEASE
Title Organization

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

Signature of Authorized Agent Robert D. Arnold ASA LEASE

Title and Organization GENERAL PARTNER Date 8-24-89

State of Idaho/or _____)
County of Bonneville) SS.

Subscribed and sworn (or affirmed) before me this 24th day of August 19 89

SEAL

Notary Public Betty J. Thompson

Residing at BETTY J. THOMPSON, NOTARY PUBLIC

RESIDING AT IDAHO FALLS, IDAHO

My Commission Expires MY COMMISSION EXPIRES 6-30-94

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 _____

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NOV 07 1992

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant

CLAIMANT'S NAME ASA LEAS LTD PTN CLAIM NO. A25-07267

DATE RECEIVED	CK #	AMOUNT \$	Required
8/24/89			

- | | YES | NO | Info |
|--|---|-------------------------------------|------|
| 1. Is the name and address complete with zip code? | ☒ | ☐ | * |
| 2. Is a priority date entered? | ☒ | ☐ | * |
| Is the priority date acceptable in view of mandatory filing dates? | | | |
| See Adjudication Memos #1 and #4 to determine if a Permit is required. | | | |
| 3. (a) Is a source entered? | ☒ | ☐ | * |
| (b) Is a tributary to entered? (if required) | N/A ☒ | ☐ | |
| 4. Is the legal description of the p.d. sufficient? | ☒ | ☐ | * |
| 5. Is there a description of the diverting works? | ☒ | ☐ | |
| 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. | ☒ | ☐ | * |
| Is the period of use included? | ☒ | ☐ | |
| Is a quantity claimed for each use? | ☒ | ☐ | * |
| 7. Is a total quantity claimed entered? | ☒ | ☐ | |
| 8. If required is a consumptive use entered? | N/A ☐ | ☒ | |
| Is the consumptive use correct? | N/A ☐ | ☒ | |
| 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 ☐ | ☒ | * |
| 10. Is (are) the place(s) of use and purpose(s) indicated? | ☒ | ☐ | * |
| 11. Is (are) the county(ies) entered? | ☒ | ☐ | |
| 12. Is the ownership of p.u. checked? | ☒ | ☐ | |
| 13. Are other water rights listed or "none" indicated? | ☒ | ☐ | |
| 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 ☐ | ☒ | |
| 15. Is the basis of the claim indicated? | ☒ | ☐ | |
| 16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) | N/A ☒ | ☐ | |
| 17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. | ☒ | ☐ | * |
| 18. Has the claim been signed, sealed, and dated by a notary? | ☒ | ☐ | * |
| 19. Was this claim filed on time, or was an extension granted? | ☒ | ☐ | * |
| 20. Is the fee enclosed correct? | Exempt ☐ | ☒ | * |
| 21. If this claim is based on an existing water right, has the identification number been entered? | N/A ☐ | ☒ | |
| 22. Should this claim be data entered? | ☒ | ☐ | |

Claim checked by: TO Date: 8/25/89

Claim must be returned to claimant: (Yes) ☒ (No) ☐

Claimant must be notified of modifications: (Yes) ☒ (No) ☐

Receipt Prepared by: _____
Claim data entered by: _____
Sent to claimant by: _____

Date: _____
Date: _____
Date: _____

Checked by: _____ Date: _____

Comments: ① SEE ITEM #14.

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