

Claim 50 -
Acres 464⁰⁰
4.54⁰⁰

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: A29-07324
Date Received: 1/24/1990
Receipt No: 8011849
Received By: EMC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MONTE YOST 208-648-7704
Address: P.O. BOX 171
BANCROFT, ID 83217
OR
Name: SHAUNA YOST 208-648-7704
Address: P.O. BOX 171
BANCROFT, ID 83217

A2907324



2. Date of Priority: JUN 03, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4	of	1/4	of	1/4	Lot	County
08S	40E	30	NE		NE		SE		CARIBOU

5. Description of diverting works:
WELL, PUMP & SPRINKLERS.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	8.080		1212.00

7. Total Quantity Appropriated is:
8.080 C.F.S. (and/or) 1212.00 A.F.A.

8. Total consumptive use is 1010.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
08S	40E	29	SW		NW		IRR	32.0
			SE		NW		IRR	32.0
			NE		SW		IRR	32.0
			NW		SW		IRR	32.0
							Section Acres	128.0
		30	SW		NE		IRR	36.0
			SE		NE		IRR	32.0
			NE		NW		IRR	32.0
			NW		NW		IRR	32.0
			SW		NW		IRR	32.0
			SE		NW		IRR	35.0
			NE		SW		IRR	4.0
			NE		SE		IRR	33.0
			NW		SE		IRR	35.0
			SW		SE		IRR	3.0
			SE		SE		IRR	2.0
							Section Acres	276.0
							Total Acres	404.0

11. Place of use in counties: CARIBOU

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

13. Other Water Rights Used:

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): *Montoya* Date: 1-24-90

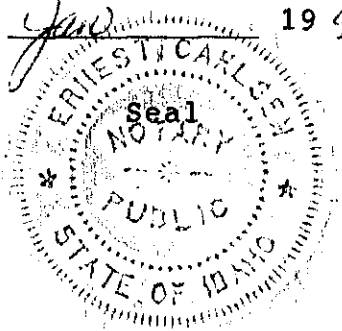
Date: _____

State of Idaho)
County of Bonner) SS.

Subscribed and sworn (or affirmed) before me this 24 day

of Jan 19 90

Ernest Carlson
Notary Public



Residing at *Alto Falls, ID*

My Commission Expires 6-14-1991

1-33X
5515 ROAD

55397

555787

A29-07324

5505AT

1-37A
5518

19

5485AT

55477

Top 88
Rge 406

5468T

STEWART

ROAD

5505T

PACIFIC GRX

1-372
5478

1-32

30

5484T
5506

5486T

29

5482T

5507T

5575

UNION

GRX

1-47A
5583

ROAD

1-3285492

1-46A

5486

5525

R2

F1

MICROFILMED

NOV 13 1992