

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: A29-13059
Date Received: 3/18/1998
Receipt No: E023958
Received By: QTH

COPY FOR
YOUR FILES

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

COPY FOR
YOUR FILES

1. Name: SCOTT M JONES
Address: 12268 N RIO VISTA RD
POCATELLO ID

208-237-1175

83202-5004

2. Date of Priority: JUN 15, 1964

3. Source: GROUNDWATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
05S	34E	32	NW	SW			BANNOCK

5. Description of diverting works:
WELL WITH PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.020		
DOMESTIC	01/01	12/31	0.040		

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

A.F.A.

8. Total consumptive use is

Acre Feet Per Annum.

9. Non-irrigation uses:
1 HOME

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
05S	34E	32	NW	SW		STOCK	
			NW	SW		DOMEST	

A2913059



11. Place of use in counties: BANNOCK

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

13. Other Water Rights Used:

14. Remarks:

STOCKWATER, 5-6 CATTLE OR HORSES

15. Basis of Claim: BENEFICIAL USE

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STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. A29-13059Date Received 3/17/98Receipt Number E023958**NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.**

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Scott M Jones Phone (208) 237-1175Mailing Address 12268 N Rio Vista Rd Zip 83202-50042. Date of Priority (Only one per claim) Pocatello ID 6-15-64 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) well
Name or kind of sourcewhich is tributary to (b) —4. Location of point of diversion is: Township 05S Range 34ESection 32 1/4 of NW 1/4 of SW 1/4, Govt. Lot —, BM.,County of BannockAdditional points of diversion if any: —5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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 with pump

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from 1-1 to 12-31 amount .04 cfs
(Both dates are inclusive)
For Stockwater purposes from 1-1 to 12-31 amount .027. Total quantity claimed .06 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 5-6 cattle or horses, 1 home

10. Place of use is: Township: 55 Range 34E
Section 32, NW 1/4 of SW 1/4, Govt. Lot _____, B.M.,
for (Circle One) Domestic Stock Domestic and Stock
Additional places of use, if any _____

11. In which county (ies) are lands listed above as place of use located? Bannock
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.
() None or _____
14. Remarks: _____

15. Basis of Claim (Circle One) Statutory Claim Beneficial Use Posted Notice License Permit Decree
Court _____ Decree Date _____ Plaintiff vs Defendant _____
If applicable provide IDWR Water Right Number 29-04216

✓ 16. Signature (s)
(a.) By signing below, I/We acknowledge that I/We have received, read and understood the form entitled "How you will receive notice in the Snake River Basin Adjudication". (b.) I/We do _____ do not X 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) Scott D. Jones Date 3-17-98
_____ Date _____

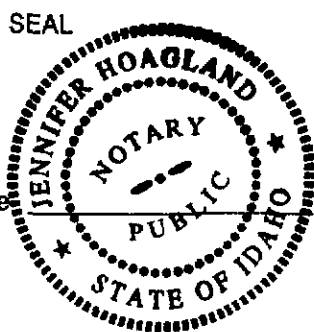
For Organizations: I do solemnly swear or affirm that I am _____ Title _____
of _____, that I have signed the foregoing
Organization
document in the space below as _____ of _____
Title Organization
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____
Title and Organization _____

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

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 17th day of March 19 98



Notary Public Jennifer Hoagland
Residing at Idaho Falls Idaho
My Commission Expires 9/23/03

Last Name _____ Ident No. _____
Copies: White-State, Yellow-Claimant