

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: **A29-13064**
Date Received: 4/10/1998
Receipt No: W023692
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: DAVID PEAKE 208-775-3231
Address: PO BOX 843
POCATELLO ID 83204
AND/OR
Name: THERESA PEAKE 208-775-3231
Address: PO BOX 843
POCATELLO ID 83204

A2913064



2. Date of Priority: NOV 1, 1997

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
06S	36E	29		NE	SW		BANNOCK

5. Description of diverting works:
WELL WITH 6 IN CASING 200 FT DEEP 2 HP PUMP PIPE TO HOUSE

6. Water is used for the following purposes:

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

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
06S	36E	29	NE	SW		DOMEST	
			NE	SW		STOCK	

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:

STOCK / 4 HORSES

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 _____ 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 _____

AJ0749NP
No. A29-13064

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 04/13/98
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	DAVID PEAKE	11/01/1997	STOCKWATER	01-01 12-31	0.02 CFS	
C	THERESA PEAKE		DOMESTIC	01-01 12-31	0.04 CFS	
	PO BOX 843					
	POCATELLO ID 83204					
	(208) 775-3231			TOTAL DIVERSION:	0.06 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion: T06S R36E S29 NESW

BANNOCK County

Place of use Legal Description for: STOCKWATER

				NE				NW				SW				SE							
T	R	S	:	NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:
---	---	---	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:
06S	36E	29	:					:					:	S				:					:

Place of use Legal Description for: DOMESTIC

				NE				NW				SW				SE							
T	R	S	:	NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:
---	---	---	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:
06S	36E	29	:					:					:	D				:					:

POU County: BANNOCK

Non-Irrigation Uses: DOMESTIC FOR ONE HOME STOCK FOR FOUR HOURS

Conditions of Approval:

- N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
- DETERMINATION OF HISTORICAL BENEFICIAL USE.
- N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
- GALLONS PER DAY.

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:
Presumption Flag:

A 29-13064

Parcel # R3847007202

New Address

2609 W. Buckskin Rd

Takom ID 87245-1509

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
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. A29-13064Date Received 4-8-98Receipt Number W023692

RECEIVED

APR 08 1998

WATER RESOURCES
EASTERN REGIONNOTICE 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.

RECEIVED

APR 10 1998

Department of Water Resources
Eastern Region

Filing Fee \$25

Please type or print clearly

AND/OR

1. Name of Claimant (s) MAR DAVID & THERESA PEAKE Phone (208) 775-3231Mailing Address P.O. BOX 843 POCA TELLO, ID Zip 832042. Date of Priority (Only one per claim) 11-1-97 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 6 Range 36Section 29, NE 1/4 of SW 1/4 of _____ 1/4, Govt. Lot _____, BM.,County of BANNOCK

Additional 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, 6" CASING, 200' DEEP, 2 H-P PUMP,1" ID PIPE TO HOUSE

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

For DOMESTIC purposes from _____ Month/Day to _____ Month/Day amount _____ (cfs)For _____ purposes from 1-1 (Both dates are inclusive) to 12-31 amount .067. 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) 1-HOUSEHOLD, HORSES (4)

10. Place of use is: Township: 6 Range 36
Section 29, N2 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 ☒ 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) Beneficial Use Posted Notice License Permit Decree
Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

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 ☒ 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) Thomas Peake Date 3-12-98

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

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 Idaho)
County of Bannock)

SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 12th day of March 19 98

SEAL

Notary Public [Signature]

Residing at Pocatello, Idaho

My Commission Expires 11/21/98

Last Name Elle Ident No. _____

Copies: White-State, Yellow-Claimant

RECEIPT
For Monies Paid
to the
Idaho Department of Water Resources

Receipt No: W023692

Date: 4 / 8 / 1998
Time: 10:51:30

Received
From: PEAKE DAVID AND THERESA

Type of Payment	Program Acct	Amount
NOTICE OF CLAIM TO A WATER RIGHT	41503 337 1155	25.00
CHECK 8189		
	Total	\$ 25.00

Region: WESTERN

Signature: Rebecca Offland

IDAHO DEPARTMENT OF WATER RESOURCES
WESTERN REGION
2735 Airport Way
Boise, Idaho 83705-5082



IDWR - EASTERN REGION
900 N SKYLINE, STE A
IDAHO FALLS ID 83402

83402-1718 20

