

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

BCA1 ✓

Ident. Number: A47-16761

Date Received: 12/14/1998

Receipt No: 5021675

Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: VICTOR BROWN  
Address: 10865 BETHEL ROAD  
AMITY OR

503-835-3083

97101

2. Date of Priority: JUN 1, 1963

3. Source: GROUNDWATER

Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County     |
|----------|-------|---------|--------|--------|--------|-----|------------|
| 12S      | 17E   | 8       |        | SW     | SW     |     | TWIN FALLS |

5. Description of diverting works:  
WELL & PUMP

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S | (or) | A.F.A. |
|------------|-------|-------|-------|------|--------|
| STOCKWATER | 01/01 | 12/31 | 0.110 |      |        |
| DOMESTIC   | 01/01 | 12/31 | 0.040 |      |        |

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

A.F.A.

8. Total consumptive use is

Acre Feet Per Annum.

9. Non-irrigation uses:

TRAILER, 500 HEAD BEEF CATTLE

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 of | Lot | Use    | Acres |
|----------|-------|---------|--------|--------|-----|--------|-------|
| 12S      | 17E   | 8       | SW     | SW     |     | DOMEST |       |
|          |       |         | SW     | SW     |     | STOCK  |       |

11. Place of use in counties: TWIN FALLS

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

13. Other Water Rights Used:

14. Remarks:

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 \_\_\_\_\_

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# 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

- Name of Claimant (s) Victor Brown Phone (503) 835-3083  
Mailing Address 10865 Bethel Rd Anity Ore Zip 97101
- Date of Priority (Only one per claim) 6-1 1963 Month/Day/Year
- Source of water supply (Check one) (X) Groundwater or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_ Name or kind of source
- Location of point of diversion is: Township 12 South Range 17 East of Boise Meridian  
Section 8, SW 1/4 of SW 1/4 of \_\_\_\_\_ 1/4, Govt. Lot \_\_\_\_\_, BM.,  
County of Twin Falls Idaho  
Additional points of diversion if any: \_\_\_\_\_
- 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 and pump
- Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)  
For Domestic purposes from 1-1 Month/Day to 12-31 Month/Day amount .04 (cfs)  
For Stock purposes from 1-1 (Both dates are inclusive) to 12-31 amount .11
- Total quantity claimed .11 (cfs)
- Total consumptive use claimed is de minimus
- Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 500 head - Beef

1 through Home Site  
10. Place of use is: Township: 12 South Range 17E  
Section 8, SW 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? Twin Falls

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) 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) Victor Buxton Date 5/6/97  
\_\_\_\_\_ Date \_\_\_\_\_

For Organizations: I do solemnly swear or affirm that I am \_\_\_\_\_

of \_\_\_\_\_, Title \_\_\_\_\_, that I have signed the foregoing

document in the space below as \_\_\_\_\_ of \_\_\_\_\_

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 Oregon )

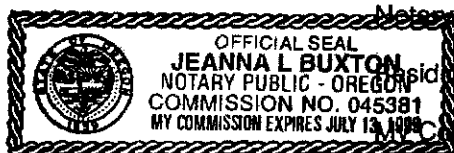
County of Yamhill )

SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 6<sup>TH</sup> day of May 1997

SEAL



Notary Public

Residing at

Commission Expires

Last Name \_\_\_\_\_ Ident No. \_\_\_\_\_

Copies: White State, Yellow - Claimant