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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: A47-16771
Date Received: 6/ 3/1999
Receipt No: S022231
Received By: Scu

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JERRY L WRAY 208-323-0145
Address: 1291 ORIOLE WAY
BOISE ID 83709-1262

AND/OR

Name: MARY JO WRAY 208-323-0145
Address: 1291 ORIOLE WAY
BOISE ID 83709-1262

2. Date of Priority: JAN 1, 1938

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	14E	15	NW	NW			TWIN FALLS

5. Description of diverting works:
200 FT. WELL AND 1.5 HP PUMP

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	0.070		

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:
DOMESTIC, 1 HOME; STOCKWATER, 250 HEAD

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	14E	15	NW	NW		STOCK	
			NW	NW		DOMEST	

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:
TFCC FOR LAWN IRRIGATION

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 _____

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

Identification No. A47-16771
Date Received 6-2-99
Receipt Number SO 22231 *see*

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) Terry L. and/or Mary Jo Wray Phone (208) 323-0145
Mailing Address 1291 Oriole Way, Boise, Idaho Zip 83709-1262

2. Date of Priority (Only one per claim) 01/01/38 Month/Day/Year

3. Source of water supply (Check one) ☒ Groundwater or Other () (a) N/A
which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township Ten (10) Range 14
Section 15, NW 1/4 of NW 1/4 of SW excl. 2A. in the SW 1/4 of the NW 1/4
County of Twin Falls defined as the W 1/2 of the NW 1/4 of the NW 1/4 of said Section 15, T. 10, 14 E. 14 N.
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 is 200 feet deep with bowles at 108 feet, casing is 6 inches and pump is rated at 1 1/2 hp.

6. 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 STOCKWATER purposes from 1-1 ^(Both dates are inclusive) to 12-31 amount .07 CFS

7. Total quantity claimed .11 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) DOMESTIC, 1 HOME W/PAWN, STOCKWATER, 350 HD.

10. Place of use is: Township: Ten (10) Range fourteen (14)
Section 15, NW 1/4 of NW 1/4, Govt. Lot SW 1/4 of NW 1/4 less 2 acres, 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 County

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 Twin Falls Canal Co. (LAWN IRRIGATION)
& Garden

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 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) X [Signature] Date 6/2/99
_____ 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 _____

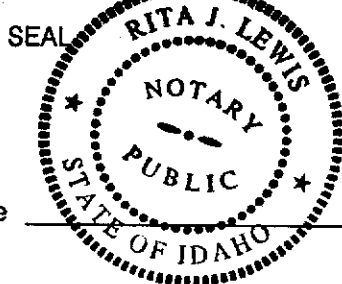
Title and Organization _____

State of Idaho/or _____)

County of Twin Falls) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 2nd day of June 1999



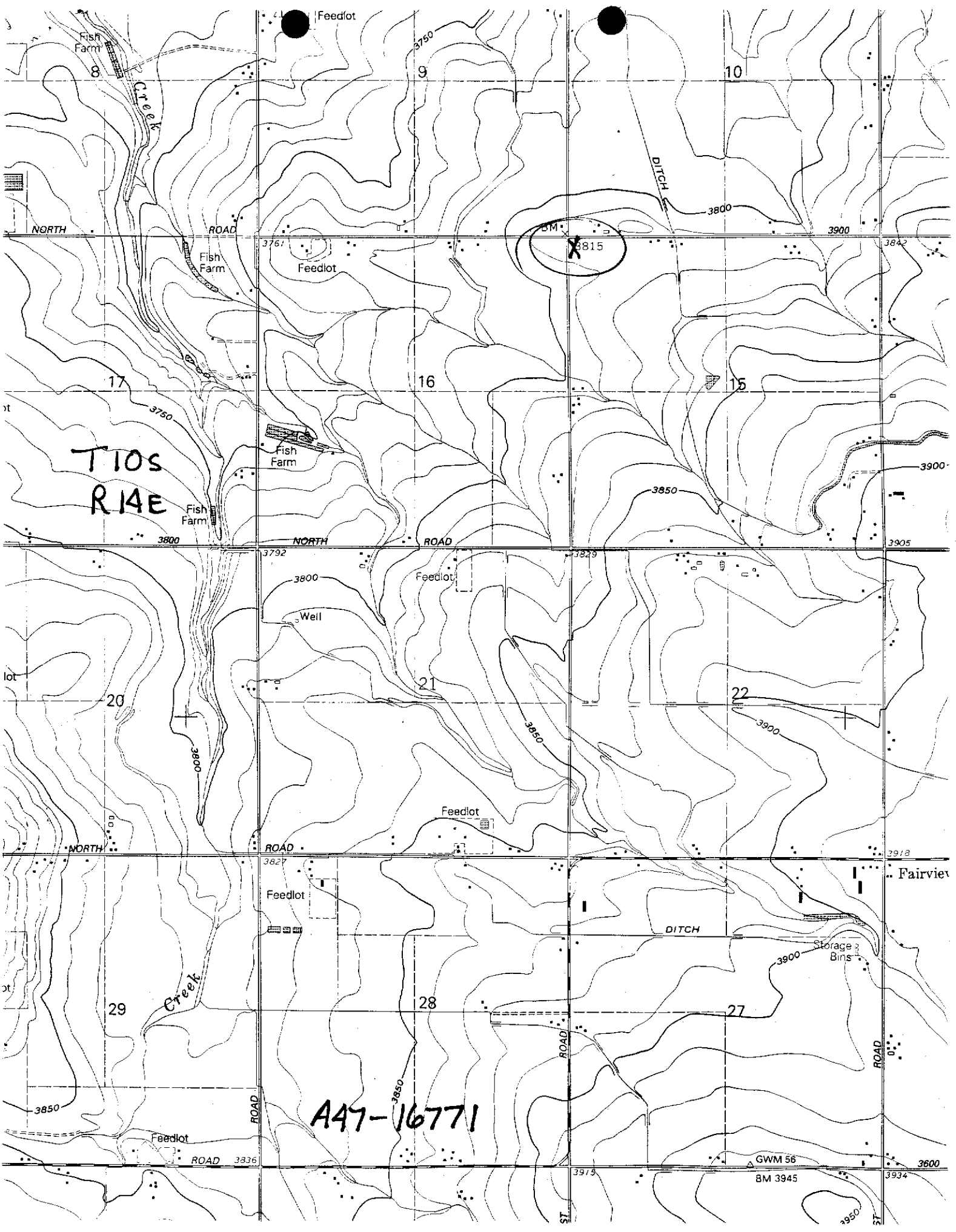
Notary Public [Signature]

Residing at Twin Falls

My Commission Expires 7-23-99

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant



TIOS
RIAE

A47-16771



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

SOUTHERN REGION
June 3, 1999

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

JERRY L &/OR MARY JO WRAY
1291 ORIOLE WAY
BOISE ID 83709-1262

RE: FILING OF SRBA CLAIM NO. A47-16771

Dear Mr. & Mrs. Wray,

Enclosed is a copy of your SRBA claim as it is now recorded in our record database. I have also enclosed your receipt. Please review the information and confirm that it reflects the water right you have claimed. If all is correct no further action is required at this time.

Feel free to call us if you have questions or need additional assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Steve Clelland'.

STEVE CLELLAND
Sr. Water Resource Agent

ENC: