

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: A47-07163
Date Received: 1/25/1989
Receipt No: S005901
Received By: tw

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: WILLIAM L. FULLMER 208-543-6798
Address: RT. 2 BOX 47
BUHL, ID 83316

AND/OR

Name: PAULA BROWN SINCLAIR 208-543-6798
Address: RT 2 BOX 47
BUHL, ID 83316

2. Date of Priority: NOV 21, 1972

3. Source: UNNAMED STREAM Trib. to: SALMON FALLS CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	14E	17	SE	NE			TWIN FALLS

5. Description of diverting works:
CHECK DAM, DITCH, PONDS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
FISH PROPAGATION	01/01	12/31	4.190		3028.00

7. Total Quantity Appropriated is:
4.190 C.F.S. (and/or) 3028.00 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
H/6 RACEWAYS 120'X12'X3' DEEP

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	14E	17	SE NE		FISH	

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:
47-7634

14. Remarks:

A MEASURING DEVICE OF A TYPE APPROVED BY THIS DEPT. SHALL BE
PERMANENTLY MAINTAINED AT THE POINT OF EFFLUENT DISCHARGE.
POND VOLUME=3028 CU. FT.

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): _____ 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

Ident. Number A47-D7163

Date Received _____

Receipt Number _____

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

JAN 11 1993

Department of Water Resources
Southern Region Office

Please type or print clearly

1. Name of Claimant (s) WILLIAM L. FULLMER AND/OR
PAULA BROWN SINCLAIR Phone (208) 543-6798Mailing Address RT-2, Box 47, Buhl, IDAHO ~~83316~~ Zip 833162. Date of Priority (Only one (1) per claim) 11-21-723. Source of water supply (a) UNAMED SEEP STREAM (HP Coulee)
which is tributary to (b) DEEP CREEK4. a. Location of existing point of diversion is: Township 10S Range 14E Section 17,
SW 1/4 of SE 1/4 of NE 1/4, Govt. Lot, _____ B.M., County of TWIN FALLSAdditional points of diversion if any: NONE

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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.CHECK DAM, DITCH TO
FISH PONDS - CHECK DAM IS 14' LONG, 8" WIDE, AND 12" DEEP AND
IS POURED CONCRETE.

MICROFILMED

MAR 11 1993

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For FISH PROPAGATION purposes from 1-1 to 12-31 amount 4.19 or ~~3,028~~

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 4.19 (cfs) and/or (b) ~~3,028~~ (acre feet)

8. Total consumptive use claimed is 0 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) FISH PROPAGATION - TROUT - 6 RACEWAYS 120' X 12' X 3' DEEP

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
10S	14E	17		~~■~~	~~■~~	H													

Total number of acres irrigated _____

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.
APPROVED PERMIT FOR 24.0 CFS FOR FISH PROPAGATION #47-7634 or None ()

14. Remarks: pond volume is 3028 cu. ft.

MICROFILMED

MAR 11 1993

Last Name FULLMER Ident No. _____

Copies: White -State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License ☒ Permit _____

Decree _____

If applicable provide IDWR Water Right Number 47-7163

Court _____ Case Number _____ Decree Date _____

Plaintiff vs Defendant _____

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 0

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) William R. Fullmer Date 1-11-89

_____ 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 _____

Title and Organization _____ Date _____

State of Idaho/or _____)
County of Lewiston Falls) SS.

Subscribed and sworn (or affirmed) before me this 11th day of January 19 89

SEAL

Notary Public Michele Clark

Residing at Buhl, Idaho 83316

My Commission Expires 3-10-93

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

MICROFILMED

MAR 11 1993

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant