

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: A47-07306
Date Received: 12/06/1988
Receipt No: _____
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CITY OF KIMBERLY
Address: P.O. BOX Z
KIMBERLY, ID 83341 208-423-4151

2. Date of Priority: AUG 14, 1969

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
10S	18E	28	SW	SE	NW		TWIN FALLS

5. Description of diverting works:
WELL & PUMP WITH PIPELINES & WATER TANK.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	0.620		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
WATER FOR MUNICIPAL WATER WORKS FOR THE CITY OF KIMBERLY.

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
10S	18E	20	NE	SE		MUNI	
			NW	SE		MUNI	
			SW	SE		MUNI	

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MICROFILMED
MAR 11 1993

10. Place of Use: Continued

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
10S	18E	20	SE		SE		MUNI	
		21	NE		SW		MUNI	
			NW		SW		MUNI	
			SW		SW		MUNI	
		28	SE		SW		MUNI	
			NE		NW		MUNI	
			NW		NW		MUNI	
			SW		NW		MUNI	
		29	SE		NW		MUNI	
			NE		NE		MUNI	
			NW		NE		MUNI	
			SW		NE		MUNI	
			SE		NE		MUNI	

11. Place of use in counties: TWIN FALLS

12. Do you own the property listed above as place of use? ~~YES~~ NO

13. Other Water Rights Used:

A47-04459, 04460, 07306, 07649 & PERMIT 47-8091

14. Remarks:

P/U IS WITHIN THE CITY LIMITS OF THE CITY OF KIMBERLY AND
TO A FEW LOTS IN THE VICINITY OF THE CITY WHICH ARE ALSO
SERVED FROM THE CITY SYSTEM.

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 x wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Organizations:

I do solemnly swear or affirm that I am MAINTENANCE SUPERVISOR of
Title
CITY OF KIMBERLY, that I have signed the foregoing
Organization
document in the space below as MAINTENANCE SUPERVISOR of
Title
CITY OF KIMBERLY and that the statements contained in the
Organization
foregoing document are true and correct.

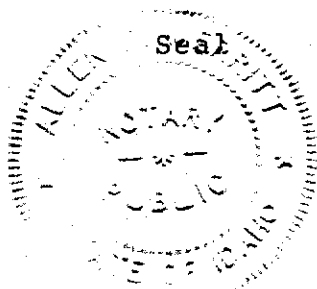
Herbert W. Story
Signature of Authorized Agent
CITY OF KIMBERLY
MAINTENANCE SUPERVISOR
Title and Organization

6 DEC. 1988
Date

State of Idaho)
County of Twila Falls) SS.

Subscribed and sworn (or affirmed) before me this 6th day
of Dec. 19 88

Allen Bennett
Notary Public



Residing at Kimberly, Idz
My Commission Expires 6/30/94



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

RECEIVED

MAR 1 1990

Department of Water Resources
Southern Region Office

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

February 22, 1990

City of Kimberly
C/O Ken Story
P. O. Box Z
Kimberly, ID 83341

Gentlemen:

Our records show you have filed your adjudication claim(s) in the Snake River Basin Adjudication. Our records do not, however, include a clear map of your service area. Would it be possible for us to get a map of your customer service area for your municipal water system, both to supplement the record of your claim(s) and for use as described below?

In our review and investigation phase of the Snake River Basin Adjudication, the map would be helpful for us to have this information in verifying individual claims to water rights for domestic purposes. We will be happy to discuss with you the most convenient way for you to provide this information to us. I can be reached at 327-7931 or you may contact my assistant, Anita Warntjes at 327-7986.

Your assistance in this matter is greatly appreciated.

Sincerely,

DAVID B. SHAW
Adjudication Bureau Chief

DBS:alw

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