

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: A47-07649  
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 208-423-4151  
Address: P.O. BOX Z  
KIMBERLY, ID 83341

2. Date of Priority: JUN 18, 1980

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County     |
|----------|-------|---------|--------|--------|-----|-----|------------|
| 10S      | 18E   | 29      | SW     | NE     | NE  |     | TWIN FALLS |

5. Description of diverting works:  
CITY WELL #5 TO MUNICIPAL WATER WORKS.

6. Water is used for the following purposes:

| Purpose   | From  | To    | C.F.S. | (or) | A.F.A. |
|-----------|-------|-------|--------|------|--------|
| MUNICIPAL | 01/01 | 12/31 | 1.920  |      |        |

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

8. Total consumptive use is Acre Feet Per Annum.

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

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use  | Acres |
|----------|-------|---------|--------|-----|-----|------|-------|
| 10S      | 18E   | 28      | NW     | NW  |     | MUNI |       |

11. Place of use in counties: TWIN FALLS

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MAR 11 1993

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 WITHIN CITY LIMITS OF KIMBERLY.

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.

Kenneth M. Story  
Signature of Authorized Agent

CITY OF KIMBERLY  
MAINTENANCE SUPERVISOR  
Title and Organization

6 DEC. 1988  
Date

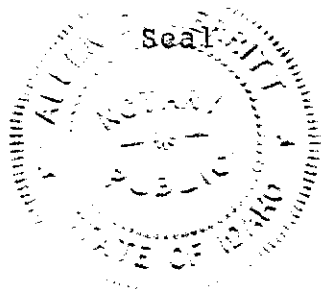
State of Idaho )

County of Twin Falls ) ss.

Subscribed and sworn (or affirmed) before me this 6<sup>th</sup> day .

of Dec. 19 88

[Signature]  
Notary Public



Residing at Kimberly, Id

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

447-04459

04460

07306

07649

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