

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: 74-00810

DATE RECEIVED: 5-9-90

RECEIPT NO: X999999

RECEIVED BY: SS

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. NAME: TOM H. TINGLE
ADDRESS: P.O. BOX 812
SALMON, ID

Delete
Divorced

83467

NAME: JOANNE TINGLE
ADDRESS: P.O. BOX 812
SALMON, ID

83467

REC'D

MAY 11 1990

Department of Water Resources
Eastern District Office

2. DATE OF PRIORITY: APR 01, 1963

3. SOURCE: LEMHI RIVER

TRIB. TO: SALMON RIVER

4. POINT OF DIVERSION:

TOWNSHIP	RANGE	SECTION	1/4 OF	1/4 OF	1/4	LOT	COUNTY
21N	22E	10	NW	SW			LEMHI

5. DESCRIPTION OF DIVERTING WORKS:

6. WATER IS USED FOR THE FOLLOWING PURPOSES:

PURPOSE	FROM	TO	C.F.S.	(OR)	A.F.A.
IRRIGATION	03/15	11/15	1.040		

7. TOTAL QUANTITY APPROPRIATED IS:
1.040 C.F.S. (AND/OR)

A.F.A.

8. TOTAL CONSUMPTIVE USE IS

ACRE FEET PER ANNUM.

9. NON-IRRIGATION USES: *none*



10. PLACE OF USE:

TOWNSHIP	RANGE	SECTION	1/4 OF	1/4	LOT	USE	ACRES
21N	22E	9	SW	NE		IRR	8.0
			SE	NE		IRR	26.0
SECTION ACRES							34.0
TOTAL ACRES							34.0

11. PLACE OF USE IN COUNTIES: LEMHI, LEMHI

12. DO YOU OWN THE PROPERTY LISTED ABOVE AS PLACE OF USE? YES

13. OTHER WATER RIGHTS USED:

14. REMARKS:

AC. IRR.=34.7.

DIV. L-2C.

15. BASIS OF CLAIM: DECREE

CASE NUMBER:

COURT :

DECREE DATE:

DECREE PLAINTIFF

VS

DECREE 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: _____

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) Joanne Tingle DATE: 5/8/90

DATE: _____

FOR ORGANIZATIONS:

I DO SOLEMNLY SWEAR OR AFFIRM THAT I AM _____ OF _____ TITLE

_____, THAT I HAVE SIGNED THE FOREGOING ORGANIZATION DOCUMENT IN THE SPACE BELOW AS _____ OF

_____, AND THAT THE STATEMENTS CONTAINED IN THE ORGANIZATION FOREGOING DOCUMENT ARE TRUE AND CORRECT.

SIGNATURE OF AUTHORIZED AGENT

TITLE AND ORGANIZATION

DATE

STATE OF IDAHO)
COUNTY OF Lemhi) SS.

SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS 8th DAY

OF May 19 90

DR Benedict
NOTARY PUBLIC

SEAL

RESIDING AT Salmon, Idaho

MY COMMISSION EXPIRES 10/26/90

DATE: 02/08/90 MICROFILMED