

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: 74-01831

DATE RECEIVED: 4/30/90

RECEIPT NO: X999999

RECEIVED BY: DM

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

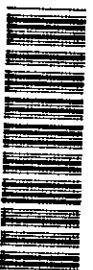
1. NAME: DARRELL J. NEF
ADDRESS: ~~STAR RT.~~ HC 68, BOX 11
LEADORE, ID

83464

NAME: VERNA M. NEF
ADDRESS: ~~STAR RT.~~ HC 68, BOX 11
LEADORE, ID

83464

A7401831



2. DATE OF PRIORITY: JUN 28, 1912

3. SOURCE: LEE CREEK

TRIB. TO: LEMHI RIVER

4. POINT OF DIVERSION:

TOWNSHIP	RANGE	SECTION	1/4 OF	1/4 OF	1/4 OF	LOT	COUNTY
16N	25E	30	NE	SE			LEMHI

5. DESCRIPTION OF DIVERTING WORKS:

6. WATER IS USED FOR THE FOLLOWING PURPOSES:

PURPOSE	FROM	TO	C.F.S.	(CR)	A.F.A.
IRRIGATION	03/15	11/15	0.240		

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

A.F.A.

8. TOTAL CONSUMPTIVE USE IS

ACRE FEET PER ANNUM.

9. NON-IRRIGATION USES:

10. PLACE OF USE:

TOWNSHIP	RANGE	SECTION	1/4 OF	1/4	LOT	USE	ACRES
16N	25E	30	NE	NE		IRR	2.0
			SE	NE		IRR	10.0
						SECTION ACRES	12.0
						TOTAL ACRES	12.0

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:

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): P. James J. Neff DATE: 8/30/90
Verna M. Neff DATE: 8/30/90

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
_____, TITLE
_____, 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 BOISE) SS.

SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS 30 DAY
OF April 19 90

[Signature]
NOTARY PUBLIC

SEAL

RESIDING AT Lamo Falls

MY COMMISSION EXPIRES 9-12-94

74-01831

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DATE: 02/08/90

3686

MICROFILMED

DEC 14 1992