

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: A75-02015
Date Received: 5/09/1990
Receipt No: E014369
Received By: DC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JOANNE TINGLE 208-756-3767
Address: BOX 812
SALMON, ID 83467

2. Date of Priority: NOV 06, 1909

3. Source: EZRA CREEK Trib. to: SALMON RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
17N	21E	5	SE	NW	NW	4	LEMHI

5. Description of diverting works:
HEADGATE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.960		

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

8. Total consumptive use is 164.0 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
17N	21E	4	NE	NW		IRR	1.0
			NW	NW	2	IRR	11.0
			SW	NW		IRR	30.0
			SE	NW		IRR	3.0

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Date: 05/24/90

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10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres	
					Section Acres	45.0	
		5	NE	NE	1	IRR	1.0
			SE	NE		IRR	3.0
					Section Acres	4.0	
					Total Acres	49.0	

11. Place of use in counties: LEMHI

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

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: LICENSE

Water Right Number: 5640

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: _____

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NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

MAY - 9 1990

Department of Water Resources
Eastern District Office

Please type or print clearly

1. Name of Claimant (s) Joanne S. Tingle Phone (208) 756-3767Mailing Address Box 812, Salmon Idaho Zip 834672. Date of Priority (Only one (1) per claim) November 6, 19093. Source of water supply (a) Ezra Creek
which is tributary to (b) Salmon River4. a. Location of existing point of diversion is: Township 17N Range 21E Section 5,
SE 1/4 of NW 1/4 of NW 1/4, Govt. Lot, _____ B.M., County of Lemhi

Additional points of diversion if any: _____

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. diversion accomplished by use of
headgate

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 1 April to 1 Nov amount .96 or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .96 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 164 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) _____

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
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
<u>17N</u>	<u>21E</u>	<u>4</u>					<u>1</u>	<u>11</u>	<u>30</u>	<u>3</u>									<u>45</u>
		<u>5</u>	<u>1</u>			<u>3</u>													<u>4</u>

Total number of acres irrigated

49

11. In which county (ies) are lands listed above as place of use located? Lemhi

12. Do you own the property listed above as place of use? Yes _____ No X
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.

or None ()

14. Remarks:

Contract buyer from Lois Denny, Salmon Idaho

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Last Name

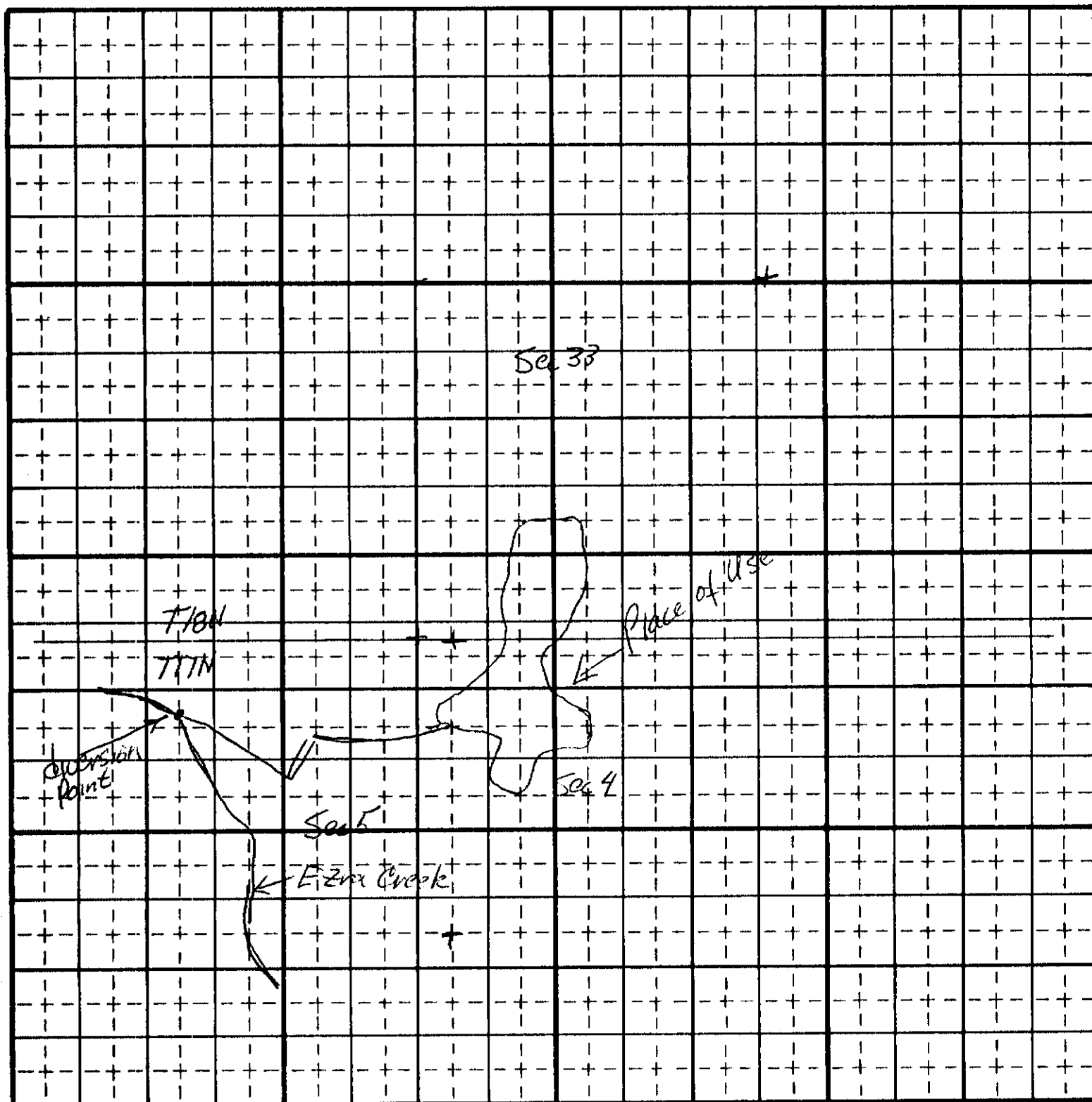
Tingle

Ident No.

Copies: White -State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



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Last Name

Tingle

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 5640
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 _____

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

Signature of Claimant (s) Joanne S. Tingle Date 5-7-90
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 _____) SS.

Subscribed and sworn (or affirmed) before me this 7th day of MAY 19 90

SEAL

Notary Public PA Benedict

Residing at Salmon, Idaho

My Commission Expires 10-26-93

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 _____

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Last Name Tingle Ident. Number _____

Copies White-State, Yellow-Claimant