

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: A75-07028
Date Received: 5/07/1990
Receipt No: E014554
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: BUSTER C. LIGHT 208-756-3657
Address: P.O. BOX 1338
SALMON, ID 83467

OR

Name: MARJORIE J. LIGHT 208-756-3657
Address: P.O. BOX 1338
SALMON, ID 83467

2. Date of Priority: JUN 05, 1972

3. Source: SPRING Trib. to: HOT SPRINGS CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
20N	22E	3	SW	NW			LEMHI

5. Description of diverting works:
DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.040		6.00

7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) 6.00 A.F.A.

8. Total consumptive use is 6.0 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
20N	22E	3	SW	NW		IRR	2.0
Section Acres							2.0
Total Acres							2.0

11. Place of use in counties: LEMHI

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

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 _____ 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: _____

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 475-07022

Date Received 5-7-90/90

Receipt Number E014554

RECEIVED

MAY 15 1990

Department of Water Resources
Eastern District Office

NOTICE OF CLAIM

TO A

WATER RIGHT

ACQUIRED UNDER STATE LAW

RECEIVED

MAY - 7 1990

Department of Water Resources
Eastern District Office

Please type or print clearly

1. Name of Claimant (s) BUSTER C ORMARFORIE / light Phone (208) 756-3657Mailing Address PO BOX 1338 Zip 834072. Date of Priority (Only one (1) per claim) 5 JUNE 19723. Source of water supply (a) AN UNNAMED SPRING
which is tributary to (b) HOT SPRINGS CREEK4. a. Location of existing point of diversion is: Township 20N Range 22E Section 3,
SW 1/4 of NW 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of Benahi

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 _____

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. DITCH, SMALL

A7507028

MICROFILMED

DEC 15 1992

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For IRRIGATION purposes from APRIL to NOV amount 0.04 or 6 ACRE FEET

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) 6 (acre feet)

8. Total consumptive use claimed is 6 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
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
20N	22E	3							2										

Total number of acres irrigated 2

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

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

14. Remarks:

MICROFILMED

DEC 15 1992

Last Name

Wright

Ident No.

95-1028

Copies: White -State, Yellow-Claimant

Scale: 2 inches equals 1 mile

[illegible]

MICROFILMED

DEC 15 1992

Last Name

L21 957

Ident No.

95-7048

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit 75-7028

Decree _____

If applicable provide IDWR Water Right Number 75-7028

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 X 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) Buster e Light Date 3 May 90

Maryne J Light Date May 3, 1990

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 Idaho)

County of Lemhi) SS.

Subscribed and sworn (or affirmed) before me this 3rd day of May 19 90

Notary Public Robert L. Jensen

Residing at Salmon, Idaho

My Commission Expires 12-19-94

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 _____

MICROFILMED

DEC 15 1992

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant



State of Idaho

DEPARTMENT OF WATER RESOURCES

150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 - (208) 525-7161

EASTERN REGION

May 8, 1990

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

Buster C. or Marjorie J. Light
P.O. Box 1338
Salmon, ID 83467

RECEIVED

MAY 12 1990

RE: Notice of Claim

Department of Water Resources
Eastern District Office

Dear Mr. and Mrs. Light:

The Idaho Department of Water Resources (IDWR) is returning your Notice of Claim to a Water Right because of insufficient information and insufficient fees. Your check no. 939 in the amount of \$25.00 is also enclosed. All items on the forms must be completed and fees submitted before the IDWR can process the notice.

Please correct the items identified below and return the notice and filing fee to the IDWR by June 8, 1990. If the corrected notice is not returned by then, the notice will be subject to an additional late fee.

The Notice you submitted: one irrigation at \$50.00 plus \$1.00/acre (2 acres) brings the total amount due to \$52.00.

Your signature(s) must be notarized in Item #16. If more than one claimant is listed in Item #1, and the names have an "and" between them, the signatures of all the claimants must be notarized. If the names have "or" or an "and/or" between them, only one notarized signature is required in Item #16.

If you wish to make an appointment to discuss the corrections, please call the IDWR at (208) 525-7161.

Respectfully submitted,

Ernest Carlsten

Ernest Carlsten
Adjudication Supervisor

EC:bb

Enclosure

MICROFILMED

DEC 15 1992