

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: A75-10540
Date Received: 5/01/1990
Receipt No: E014216
Received By: DC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: BARBARA DRNJEVIC 208-756-3952
Address: P.O. BOX 221
SALMON, ID 83467

2. Date of Priority: JAN 03, 1905

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

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
20N	21E	24	NW	SW	NE		LEMHI

5. Description of diverting works:
DITCH/ FLOOD IRRIGATION

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	01/01	12/31	1.200		
STOCKWATER	01/01	12/31	0.030		

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

8. Total consumptive use is 888.9 Acre Feet Per Annum.

9. Non-irrigation uses:
S/ 150 HEAD CATTLE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
20N	21E	24	NW	NE		IRR	24.0
			SW	NE		IRR	6.0

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	30.0
					Total Acres	30.0

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: BENEFICIAL USE

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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E014216EX#1094 80% of 404"

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

MAY - 1 1990
Department of Water Resources
Eastern District Office

Please type or print clearly

1. Name of Claimant (s) DRNJEVIC, Barbara Phone (208) 756-3952Mailing Address BOX 221, Salmon, Idaho Zip 834672. Date of Priority (Only one (1) per claim) January 3, 19053. Source of water supply (a) Henry Creekwhich is tributary to (b) Salmon River4. a. Location of existing point of diversion is: Township 20N Range 21E Section 24NW 1/4 of SW 1/4 of NE 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 _____

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 - Flood Irrigation

A7510540



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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from Jan 1 to Dec 31 amount 1.2 or _____

For Stockwater purposes from Jan 1 to Dec 31 amount .03 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 1.23 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 888.92 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	
20	21	24		24	6														

Total number of acres irrigated 30

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 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.

Long Ditch, Mormon Ditch - 75-04196 or None ()

14. Remarks:

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Last Name DRNJEVIC Ident No. _____

Copies: White -State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use x Posted Notice _____ License _____ Permit _____

Decree _____

If applicable provide IDWR Water Right Number _____

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 1

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

Signature of Claimant (s) * Barbara Drnjevic Date 4/30/90

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 for _____)
County of Lemhi) SS.

Subscribed and sworn (or affirmed) before me this 30th day of April 19 90

SEAL

Notary Public John S. McKinney

Residing at Salmon, Idaho

My Commission Expires 4/8/92

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, John S. McKinney 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 John S. McKinney

Address P.O. Box 1442, Salmon, ID 83467

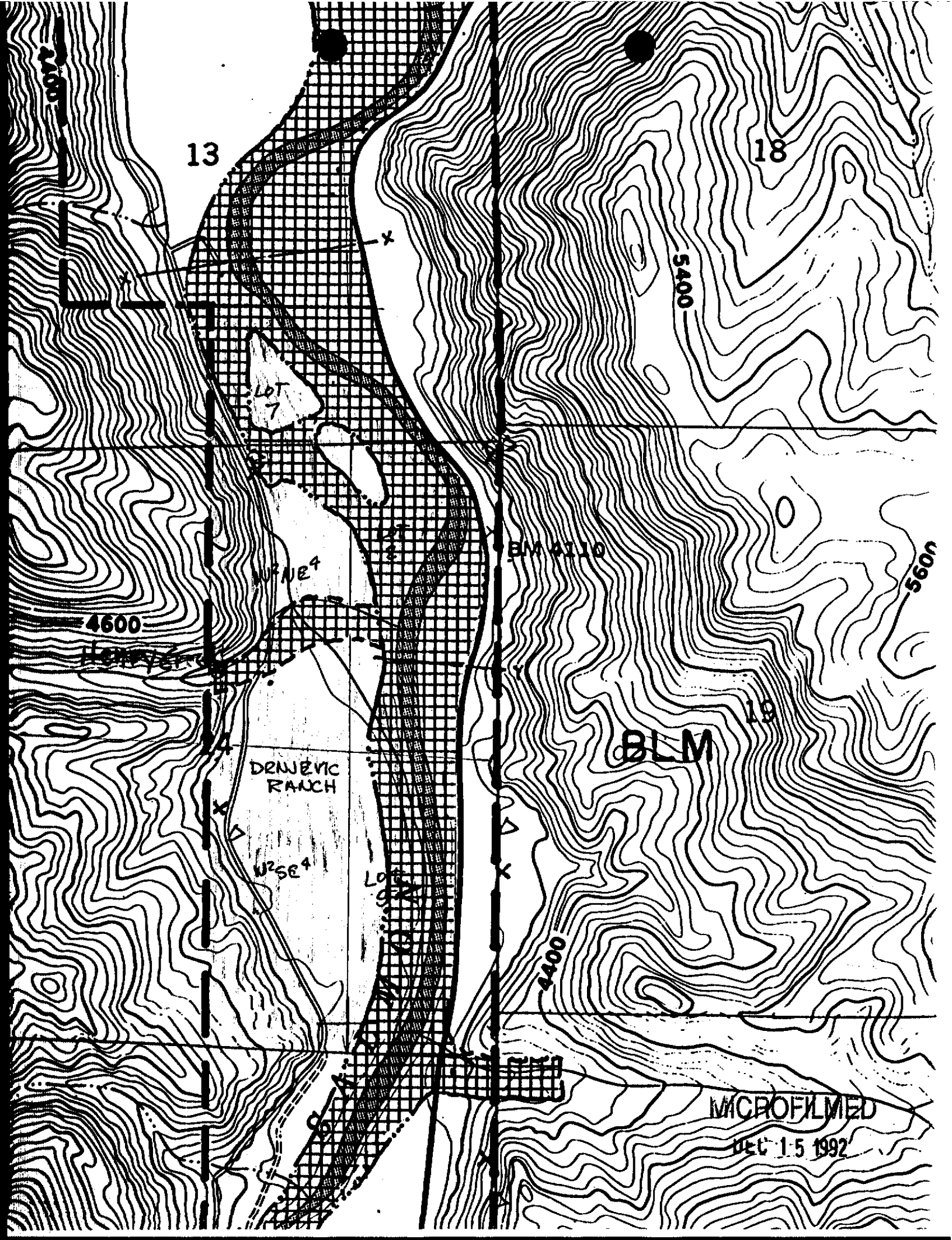
Date April 30, 1990

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Last Name DRNJEVIC Ident. Number _____

Copies White-State, Yellow-Claimant



13

18

5400

LOT 7

BM 4110

4600

N2NE4

DRNJEVIC RANCH

N2SE4

LOT 7

BLM

19

4400

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