

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: 8576

Ident. Number 73-12023
Date Received:
Receipt No:
Received By:

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

TROY R ZIEGLER Phone: (208)879-2045
HC 63 BOX 1571
CHALLIS ID USA 83226

MAURENE S ZIEGLER Phone: (208)879-2045
HC 63 BOX 1571
CHALLIS ID USA 83226

2. Date of Priority: 04/14/1982

3. Source: FALLS CREEK Trib. to: PAHSIMEROI RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
15N	23E	32	SW SW SW	LEMHI	

5. Description of diverting works:

HEADGATE, DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S. (or)	A.F.A
IRRIGATION	4/1	10/31	1.21	181.2

7. Total Quantity Appropriated is:

1.21 C.F.S. 181.2 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
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14N	23E	6	NE	SE		IRRIGATION	40
			SE	SE		IRRIGATION	39
						Section Acres	79
14N	23E	7	NE	NE		IRRIGATION	37
			NW	NE		IRRIGATION	40
			SW	NE		IRRIGATION	40
			SE	NE		IRRIGATION	40
			NE	SE		IRRIGATION	40
			NW	SE		IRRIGATION	40
			SW	SE		IRRIGATION	40
			SE	SE		IRRIGATION	40
						Section Acres	317
14N	23E	8	NW	NW	1	IRRIGATION	37
			SW	NW	2	IRRIGATION	37.2
			NW	SW	3	IRRIGATION	37.5
			SW	SW	4	IRRIGATION	35.7
						Section Acres	147.4
14N	23E	17	NW	NW		IRRIGATION	40
						Section Acres	40
14N	23E	18	NE	NE		IRRIGATION	40
			NW	NE		IRRIGATION	40
						Section Acres	80
						Total Acres	663.4

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:

14. Remarks:

15. Basis of Claim: Decreed

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/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Shay R. Fugate Date: 2/3/04

Date:

State of Idaho)
County of Lemhi) SS.

Subscribed and sworn (or affirmed) before me this
of 2-3 2004

Robert E. Foster

Notary Public

Residing at Salmon Idaho

My commission Expires 02-16-07

