

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 63-2931
Date Received: 6/4/2004
Receipt No: W031793
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

TIM O MC CORMICK
8770 CHAPARRAL RD
EAGLE ID USA 83616

Phone: (208) 286-0533

CHRISTAL MC CORMICK
8770 CHAPARRAL RD
EAGLE ID USA 83616

Phone: (208) 286-0533

2. Date of Priority: 03/07/1953

3. Source: WILLOW CREEK Trib. to: BOISE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
05N	01W	9	NE SW	ADA	

5. Description of diverting works:

Pit, 11 ft deep, 100 ft wide and 200 ft long, pump w/ pipe and sprinklers.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/01	11/15	0.4	90

7. Total Quantity Appropriated is:

0.4 C.F.S. and/or 90 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
05N	01W	9	NE	SW	IRRIGATION	20
Section Acres						20
Total Acres						20

11. Place of use in counties: ADA

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

13. Other Water Rights Used:

14. Remarks:

Other water rights: 63-3574

No city water available. No surface water available through irrigation company.

Fees paid under receipt no. W031793

15. Basis of Claim: License

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6/4/04
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NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

JUN 04 2004

WATER RESOURCES
WESTERN REGION

Please type or print clearly

1. Name of Claimant (s) Tim O. + Christal McCormick Phone (208) 286-0533

Mailing Address 8770 Chaparral Rd., Eagle, ID 83616 Zip _____

2. Date of Priority (Only one (1) per claim) 3/7/1953

3. Source of water supply (a) Willow Creek

which is tributary to (b) Boise River

4. a. Location of existing point of diversion is: Township 5N Range 1W Section 9,
_____ 1/4 of NE 1/4 of SW 1/4, Govt. Lot, _____ B.M., County of Ada

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. Pit, 11 feet deep, 100 feet wide +
200 feet long, pump w/ pipe + sprinklers.

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 3/1 to 11/15 amount 0.4 CFS or 90.0 AF

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.4 (cfs) and/or (b) 90 (acre feet)

8. Total consumptive use claimed is 90 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	
5N	1W	9									20								20

Total number of acres irrigated 20

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

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.
63-3574 or None ()

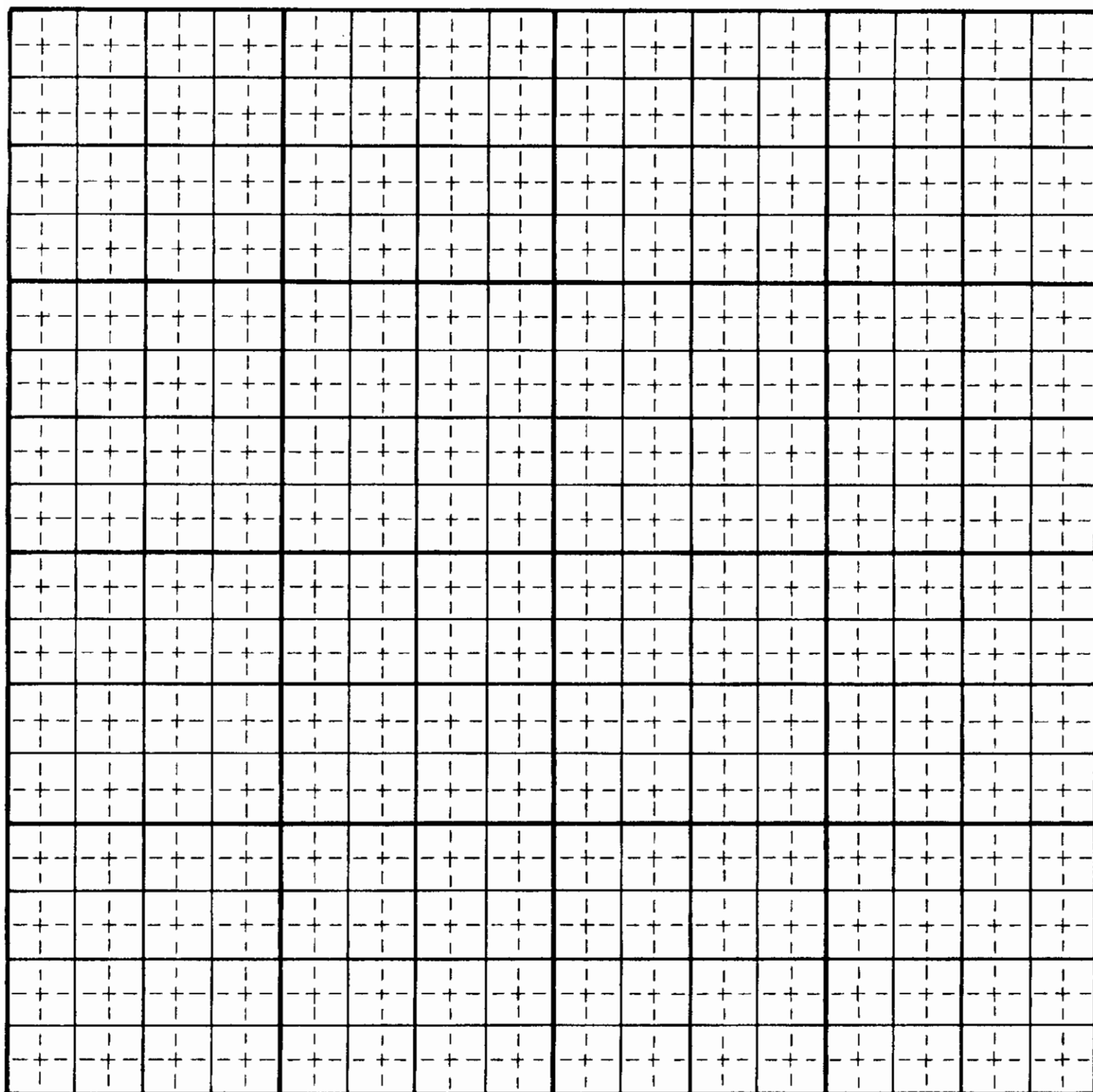
14. Remarks: No city water available. No surface water available through irrigation company.

Last Name _____ Ident No. _____

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

Scale: 2 inches equals 1 mile

See attached aerial photograph



Last Name _____ Ident No. _____

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License X Permit _____
Decree _____
If applicable provide IDWR Water Right Number 63-2931
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) L. O. McE... Date 6/4/04
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 _____

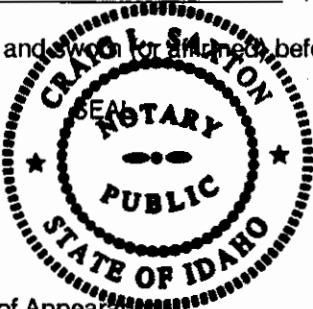
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____

Title and Organization _____ Date _____

State of Idaho/or _____)
County of _____) SS.

Subscribed and sworn to before me this 4th day of June, 2004



Notary Public Craig L. Foster

Residing at Ada Co

My Commission Expires 8-14-07

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 _____

Last Name _____ Ident. Number _____

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MSES

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Domestic
Well

Tip

1987 David