

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 63-2773
Date Received: 4/26/2004
Receipt No: W031599
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CHARLES CARLISE Phone: (208)342-6034
1002 HARRISON BLVD
BOISE ID USA 83702

2. Date of Priority: 07/14/1947

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
03N	02E	3	SE NW	ADA	

5. Description of diverting works:

Well

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
03N	02E	3	SE	NW	DOMESTIC	

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:

PARCEL NO. R5207000640

PROPERTY IS ALSO KNOWN AS LOTS 11, 12, & 13 LEMPS ADDITION.

15. Basis of Claim: License

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TO A
WATER RIGHT

RECEIVED

APR 26 2004

WATER RESOURCES
WESTERN REGION

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) CHARLES CARLISE Phone (208) 342/6034Mailing Address 1002 HARRISON BOULEVARD, BOISE, ID 837022. Date of Priority (Only one per claim) 7/14/1947 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 03N Range 02ESection 3 1/4 of SE 1/4 of NW 1/4, Govt. Lot _____, BM.,County of ADA

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. WELL, NO CHANGES

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For DOMESTIC purposes from 01/01 to 12/31 amount .04 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) ONE SINGLE FAMILY HOUSEHOLD

10. Place of use is: Township: 03 N Range 02 E

Section 3, SE 1/4 of NW 1/4, Govt. Lot _____, B.M.,

County of ADA for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any LESS THAN 1/3 ACRES OF LAWN & PLANTERS N/A

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.

PARCEL # R5207000440

14. Remarks: THE PROPERTY IS ALSO KNOWN AS LOTS 11, 12 & 13 OF
LEMP'S ADDITION, ACCORDING TO PLAT FILED IN BOOK 1 OF PLATS PAGE 27

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number 63-2773

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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) [Signature]

Date

7/26/04

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.

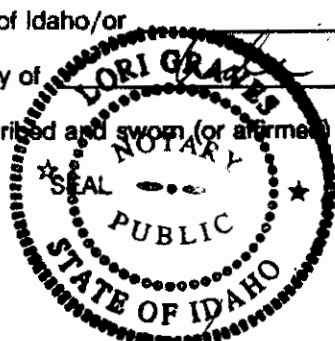
Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____) SS.

County of LORI GRAY)

Subscribed and sworn (or affirmed) before me this 26th day of Apr 2004



Notary Public [Signature]

Residing at Boise

My Commission Expires 6/18/04

Last Name _____ Ident No. _____

IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report 63-2773

WATER RIGHT NUMBER: 63-2773

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	WALTER DUFRESNE 1002 HARRISON BLVD BOISE, ID 83702

Priority Date: 07/14/1949

Basis: License

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
HEATING	/ to /		
DOMESTIC	/ to /	0.050 CFS	
	<u>Total Diversion:</u>	0.050 CFS	

Location of Point(s) of Diversion

GROUND WATER	SE1/4NW1/4	Sec. 3, Twp 03N, Rge 02E, B.M.
ADA County		

Place of Use

DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
03N	02E	3																	

HEATING same as DOMESTICConditions of Approval:Remarks:

- General P/D LOTS 13, BLK. 8, LEMPS ADDN., BOISE CITY TOWNSITE.
P/U LOTS 11 - 13, BLK. 8, LEMPS ADDN., BOISE CITY TOWNSITE.
SEE FILE FOR P/D AND P/U.

Idaho Department of Water Resources Receipt

Receipt ID W031599

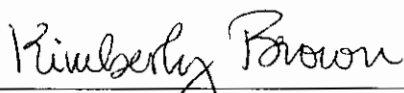
Payment Amount \$25.00 Date Received 4/26/2004 2:41:19 PM Region Western Status
Payment Type Check Check Number 5142

Payer CARLISE, CHARLES C (OR) SUSAN M

Comment NOTICE OF CLAIM: 63-2773

Fee Detail

Amount	Description	Fund	FD	PCA	SO
\$25.00	ADJUDICATION FILING FEE	0337	42503	1155	



Signature Line (Dept. Representative)