

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 63-9828
Date Received: 5/20/2004
Receipt No: W031734
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JEFF KESLING Phone: (208)384-9239
2301 W IRENE ST
BOISE ID USA 83702

ANA MARIE KESLING Phone: (208)384-9239
2301 W IRENE ST
BOISE ID USA 83702

2. Date of Priority: 11/03/1981

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
04N	02E	33	SE SE	ADA	

5. Description of diverting works:

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	0.6

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 0.6 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
04N	02E	33	SE	SE	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:

15. Basis of Claim: License

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CIVIL CASE NUMBER: 39576

Identification No. ALB-9828Date Received 5-20-04Receipt Number W03173411.3-1981
Priority Date
on License
**NOTICE OF CLAIM
TO A
WATER RIGHT**ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.

RECEIVED

MAY 20 2004

WATER RESOURCES
WESTERN REGION

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) JEFF AND/OR ANAMARIE KESLING Phone (208) 384-9239Mailing Address 2301 WEST IRONE STREET, BOISE, ID Zip 83702

2. Date of Priority (Only one per claim) _____ Month/Day/Year

3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township 4N Range 2E
Section 33, SE 1/4 of SE 1/4 of _____ 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. Closed Loop Heat Pump Return - Drilled 8/81
Well Bore 6'53" Deepened 10/81
Surface Casing 6'48"

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

For Domestic purposes from January 1 ^{Month/Day} to December 31 ^{Month/Day} amount 0.04 ^(cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (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) N/A

10. Place of use is: Township: 4N Range 2E
Section 33, SE 1/4 of SE 1/4, Govt. Lot _____, B.M.,
for (Circle One) Domestic Stock Domestic and Stock
Additional places of use, if any _____

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 ✓ 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.
None or _____

14. Remarks: N/A See WR Lic # 63-9828 Changed by Amendment to License
Injection Well Permit No. 63-W-14 Dept of Water Resources
No. 63-W-0014

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 _____

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 _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of Attachments 0

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 5/10/04

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

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.

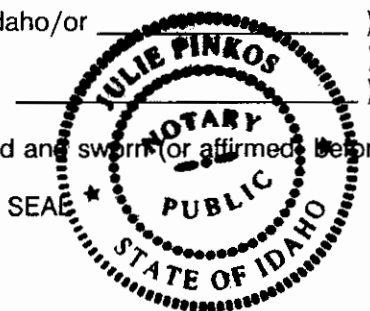
Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of _____) SS.

Subscribed and sworn (or affirmed) before me this 10th day of May 2004



Notary Public [Signature]

Residing at Ada County Idaho

My Commission Expires 01-13-09

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

NOTARIZATION REQUIRED FOR EACH CLAIM