

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 63-7762

Date Received: ~~7/7/2004~~ 7-13-04

Receipt No: 0031981

Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

THOMAS THIBAUT
5321 W CHERRY LN
MERIDIAN ID USA 83642

Phone: (208) 898-9482

EVELYN THIBAUT
5321 W CHERRY LN
MERIDIAN ID USA 83642

Phone: (208) 898-9482

DU-RITE NURSERY
5321 W CHERRY LN
MERIDIAN ID USA 83642

Phone: (208) 888-1359

2. Date of Priority: 03/29/1973

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	01W	4	SW 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
IRRIGATION	3/15	11/15	0.02	4.5
DOMESTIC	1/01	12/31	0.04	0.6

7. Total Quantity Appropriated is:
0.06 C.F.S. and/or 5.1 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
03N	01W	4	SW	SE	IRRIGATION	1
Section Acres						1
Total Acres						1

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

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): Thomas Chabault Date: 7/11/04

Date:

For Organizations:

I do solemnly swear or affirm that I am _____ of
Title

_____, that I have signed the foregoing
Organization

document in the space below as _____ of
Title

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

Signature of Authorized Agent

Title and Organization

Date

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this

of 11th July 2004

[Signature]
Notary Public

Residing at Boise Idaho

My commission Expires 6-13-2008

SHAWN BIRK
Notary Public
State of Idaho