

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 67-14491  
Date Received: 9/20/2004  
Receipt No: W032240  
Received By:

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DEBRA L PARADIS Phone: (208)253-4546  
2267 ORCHARD RD  
COUNCIL ID USA 83612

MONTY L PARADIS Phone: (208)253-4546  
2267 ORCHARD RD  
COUNCIL ID USA 83612

2. Date of Priority: 09/02/1999

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of 1/4 of 1/4 Lot | County | Type |
|----------|-------|---------|-----------------------|--------|------|
| 16N      | 01W   | 3       | NW SE                 | ADAMS  |      |

5. Description of diverting works:

200 ft well, 6 inch casing. Casing depth 66 ft, 10 gallons per minute.

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) A.F.A |
|------------|-------|-------|--------|------------|
| STOCKWATER | 01/01 | 12/31 | 0.02   |            |
| DOMESTIC   | 01/01 | 12/31 | 0.04   |            |

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

8. Total consumptive use:

9. Non-irrigation uses:

Number of other uses: 2 Horses

Number of homes: 1

10. Place of use:

| Township | Range | Section | 1/4 of 1/4 | Lot | Use        | Acres |
|----------|-------|---------|------------|-----|------------|-------|
| 16N      | 01W   | 3       | NW         | SE  | STOCKWATER |       |
|          |       |         | NW         | SE  | DOMESTIC   |       |

11. Place of use in counties: ADAMS

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

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Beneficial Use

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NOTICE OF CLAIM  
TO A  
WATER RIGHT  
ACQUIRED UNDER STATE LAW

RECEIVED  
SEP 20 2004  
WATER RESOURCES  
WESTERN REGION

Please type or print clearly

1. Name of Claimant (s) Monty L. Paradise and/or Debra L. Paradise Phone (208) 253-4546  
Mailing Address 2267 Orchard Road, Council, Idaho Zip 83613

2. Date of Priority (Only one (1) per claim) 9-2-99

3. Source of water supply (a) Ground water  
which is tributary to (b) \_\_\_\_\_

4. a. Location of existing point of diversion is: Township 16 N Range 1 W Section 3,  
NW 1/4 of SE 1/4 of \_\_\_\_\_ 1/4, Govt. Lot, \_\_\_\_\_ B.M., County of Adams

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.

Well drilled 200' 6" casing Casing depth 66'  
Gallons per minute 10

(acre feet)

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

8. Total consumptive use claimed is \_\_\_\_\_ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) 1 Household, Stockwater 2 head of horses

If water is used for other purposes, place a symbol or use (example: drinking) in the corresponding place of use below. See instructions for standard symbols.

[illegible]

Total number of acres irrigated \_\_\_\_\_

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

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. or None ( )

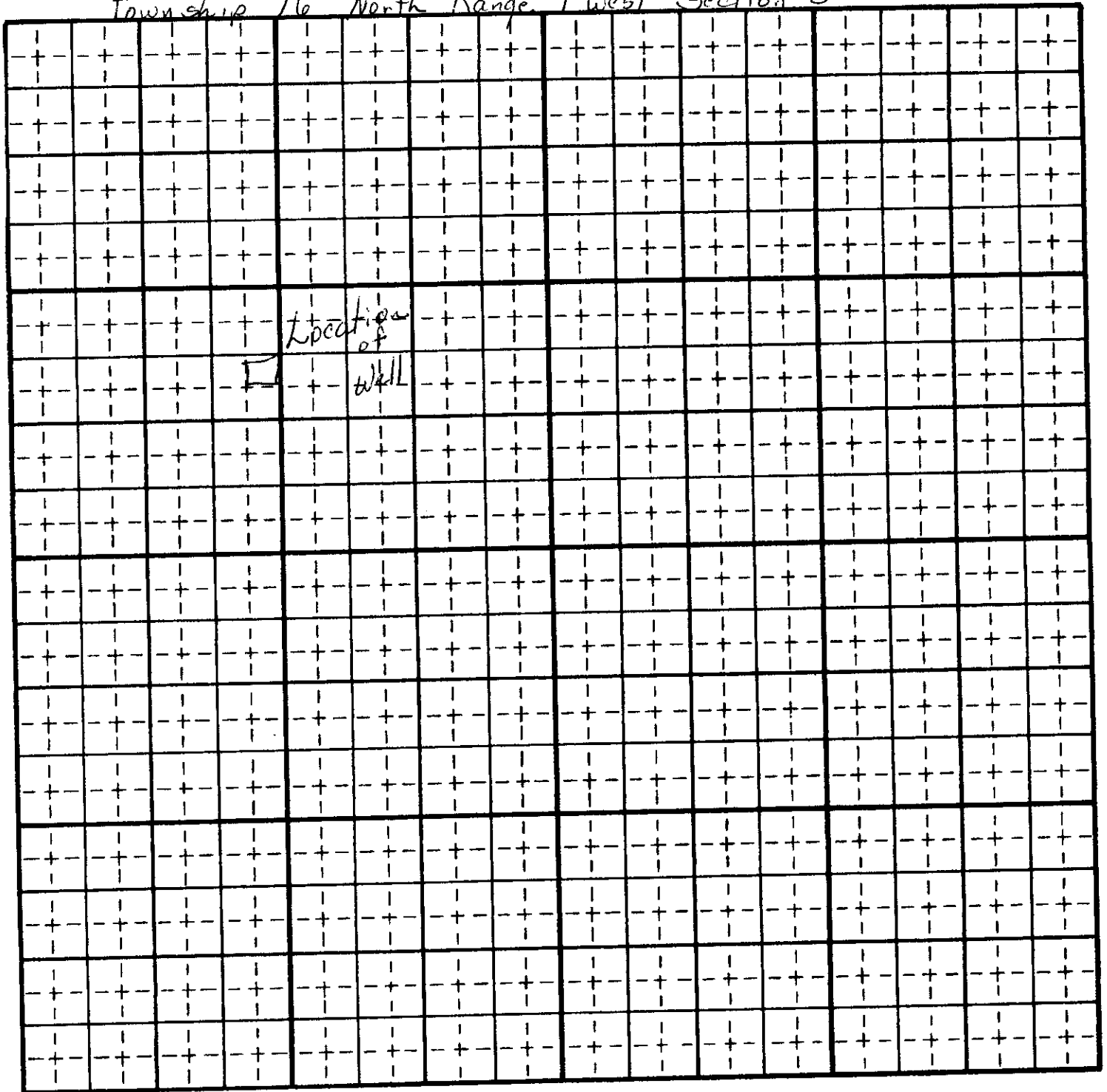
14. Remarks:

Last Name Paradis 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

Township 16 North Range 1 West Section 3



Last Name Paradis Ident No. \_\_\_\_\_

15. Basis of Claim (check one) Beneficial Use X Posted Notice \_\_\_\_\_ License \_\_\_\_\_ Permit \_\_\_\_\_  
Decree \_\_\_\_\_  
If applicable provide IDWR Water Right Number \_\_\_\_\_  
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 \_\_\_\_\_  
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) Debra & Paradis Date 9-16-04  
\_\_\_\_\_  
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 Adams ) SS.

Subscribed and sworn (or affirmed) before me this 16 day of September 19 2004



Notary Public Patricia Holm

Residing at Fruitvale

My Commission Expires 10-27-05

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 Paradis Ident. Number \_\_\_\_\_

# Idaho Department of Water Resources Receipt

Receipt ID W032240

Payment Amount  Date Received  Region  Status   
Payment Type  Check Number

Payer Comment 

## Fee Detail

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

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Signature Line (Dept. Representative)