

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 67-14493
Date Received: 9/24/2004
Receipt No: W032249
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JUNE ROSE CARVER Phone: (208)257-6310
PO BOX 362
CAMBRIDGE ID USA 83610

GEORGE A CARVER Phone: (208)257-6310
PO BOX 362
CAMBRIDGE ID USA 83610

2. Date of Priority: 04/15/2002

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
14N	03W	10	SE NW	WASHINGTON	

5. Description of diverting works:

32 ft well with submersible pump.

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
14N	03W	10	SE	NW	DOMESTIC	

11. Place of use in counties: WASHINGTON

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

13. Other Water Rights Used:

14. Remarks:

Three water rights for farm irrigation on this and adjoining property.

15. Basis of Claim: Beneficial Use

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Identification No. AL7-14493Date Received 9-24-04Receipt Number W032249NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

SEP 24 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) George A. Carver
and/or June-Rose Carver Phone (208) 257-6310Mailing Address P.O. Box 362, Cambridge, ID Zip 836102. Date of Priority (Only one per claim) April 15, 2002 Month/Day/Year3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____

which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 14N Range 03WSection 10 1/4 of SE 1/4 of NW 1/4, Govt. Lot _____, BM.,County of WASHINGTON

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. Drilled DOMESTIC well 32 Feet Deep with
submersible pump. No changes made

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

For DOMESTIC purposes from 1-1 Month/Day to 12-31 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) One Household, yard & Garden & Fruit Trees

10. Place of use is: Township: 14 N Range 03 W
Section: 10 SE 1/4 of NW 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? WASHINGTON

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: HAVE 3 WATER RIGHTS FOR FARM IRRIGATION ON THIS
2ND ADJOINING PROPERTY

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.

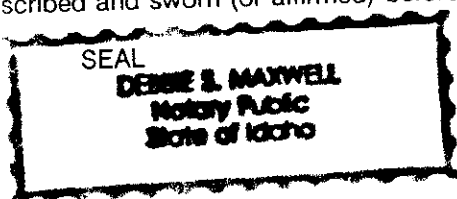
Signature of Claimant (s) George A Carver Date 9-17-04
Jane-Rose Carver Date 9-21-04

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 _____)
County of Washington) SS.

Subscribed and sworn (or affirmed) before me this 21st day of September 2004



NOTARIZATION REQUIRED FOR EACH CLAIM

Notary Public Debbie L Maxwell
Residing at Council Idaho
My Commission Expires 8/24/07

Last Name Carver Ident No. NA
Copies: White-State, Yellow-Claimant