

Copy

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 25-265
Date Received: 1/23/90
Receipt No:
Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

AMENDED

1. Name of Claimant(s)

JAMES E CRAWFORD Phone: (208) 574-2166

3724 LANES CREEK RD
WAYAN ID USA 83285

EARLENE L CRAWFORD Phone: (208) 574-2166

3724 LANES CREEK RD
WAYAN ID USA 83285

RECEIVED

NOV 08 2004

Department of Water Resources
Eastern Region

2. Date of Priority: 04/14/1887

3. Source: HARRISON CREEK Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County
05S	43E	12	NE NW SW	CARIBOU
05S	43E	11	SE SW SE	CARIBOU

5. Description of diverting works:

2 DIVERSTIONS FROM STREAM INTO DITCHES. FLOOD IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	4/01	11/01	3	

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

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
05S	43E	11	NW	NE		IRRIGATION	23
			SW	NE		IRRIGATION	6
			NE	SW		IRRIGATION	40
			SW	SW		IRRIGATION	3
			SE	SW		IRRIGATION	28
			SW	SE		IRRIGATION	4
			NW	SE		IRRIGATION	7
			Section Acres				
Total Acres						111	

11. Place of use in counties: CARIBOU

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

13. Other Water Rights Used:

14. Remarks:

DECREE GIVES ALL WATER FROM CK. TO LANDS STATED
 CHANGED OWNERSHIP PER REQUEST/CV/09-28-00
 CLAIM AMENDED TO CORRECT POU TO LANDS OWNED BY CLAIMANT. BCONTOR 10/16/2000.

15. Basis of Claim: Decreed

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): *James E Crawford* Date: 10/16/2000

Date:

State of Idaho)
County of Bonneville) SS.

Subscribed and sworn (or affirmed) before me this 16th day
of October 2000 *Bryce A. Contor*

Notary Public

Residing at Mud Lake ID

My commission Expires 10/14/2005

