

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: **A25-07086**
Date Received: 8/29/1989
Receipt No: E010035
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: HONEYBEE ACRES WELL USERS ASSOCIATION 208-523-5458
Address: 2979 N 41 E C/O MRS
CAROL H LEE
IDAHO FALLS ID 83401
OR
Name: GARY MCINTIRE 208-523-3978
Address: 2871 N 41 E
IDAHO FALLS ID 83401
2. Date of Priority: MAR 10, 1976
3. Source: GROUNDWATER Trib. to:
4. Point of Diversion:
- | | | | | | | | |
|----------|-------|---------|--------|--------|-----|-----|------------|
| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County |
| 02N | 38E | 11 | NW | NE | | | BONNEVILLE |
| | | | SW | NE | | | BONNEVILLE |
5. Description of diverting works:
WELLS, PUMPS & PIPELINES TO EIGHTEEN HOUSEHOLDS .
6. Water is used for the following purposes:
- | | | | | | |
|----------|-------|-------|-------|------|--------|
| Purpose | From | To | C.F.S | (or) | A.F.A. |
| DOMESTIC | 01/01 | 12/31 | 0.360 | | |
7. Total Quantity Appropriated is:
0.360 C.F.S. (and/or) A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
D/18 HOMES.

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
02N	38E	11	NW	NE		DOMEST	
			SW	NE		DOMEST	

11. Place of use in counties: BONNEVILLE

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

13. Other Water Rights Used:
NONE

14. Remarks:
REINSTATED 7-7-1981. THE HONEYBEE ACRES WELL USERS ASSOCIATION
WAS INCORPERATED 8 AUGUST 1986.
CHANGED ADDRESS PER REQUEST/JH 6/18/97

15. Basis of Claim: PERMIT

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): _____ Date: _____
_____ Date: _____

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State of Idaho)
) SS.
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

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