

NO LATE FEE IF RECEIVED
BY 2/24/89IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEMCIVIL CASE NUMBER: 39576 A22-0729
Ident. Number ~~A22-12402~~
Date Received 12/28/88
Receipt Number E005556

RECEIVED

JAN 18 1989

Department of Water Resources
Eastern District OfficeNOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

DEC 28 1988

Department of Water Resources
Eastern District Office

Please type or print clearly

1. Name of Claimant (s) Madison County Phone (208) 356-3662
Mailing Address Madison County Courthouse, Rexburg, Idaho Zip 83440
2. Date of Priority (Only one (1) per claim) June 25, 1981
3. Source of water supply (a) Gravel Pit Pond
which is tributary to (b) N/A
4. a. Location of existing point of diversion is: Township 6N Range 39 E Section 24,
1/4 of NW 1/4 of NW 1/4, Govt. Lot, - B.M., County of Madison
Additional points of diversion if any: N/A
- b. If instream flow, beginning point of claimed instream flow is:
Township N/A 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. The diversion works consist of
two 60 horsepower and one 20 horsepower pumps. The pumps set on a concrete
box which is connected to the pond with a 24" diameter pipe. The pumps pump
water to a buried sprinkler system on the 18 hole golf course.

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from April 1 to Oct. 31 amount 2.6 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 2.6 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is ~~550~~ 300 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) N/A

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

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

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
6 N	39 E	13									14	24	22	18					78
6 N	39 E	24					9	33											42

Total number of acres irrigated 120

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

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

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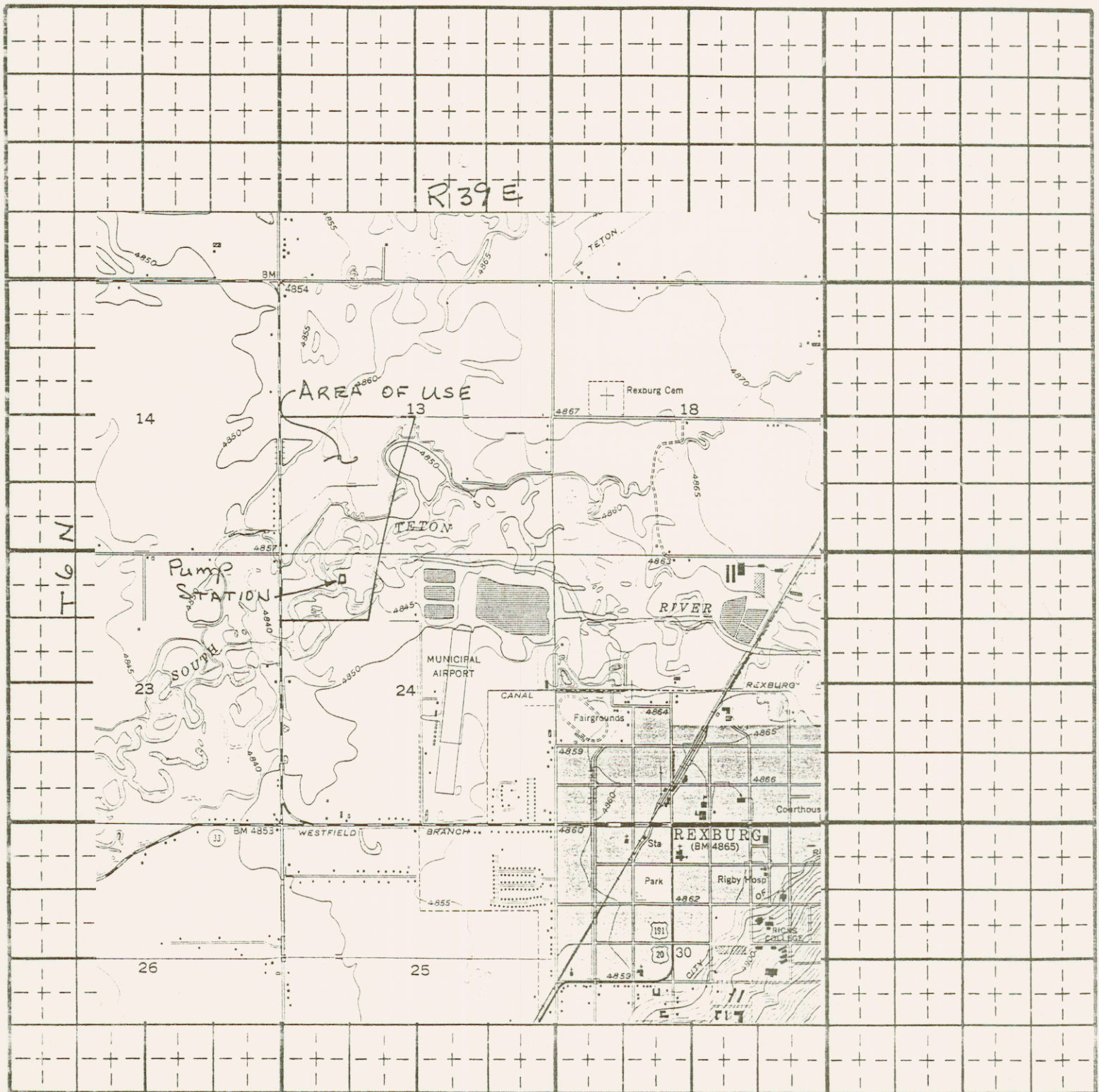
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Last Name Madison County Ident No. 22-7292

Copies: White -State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



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Last Name Madison County

Ident No. 22-7292

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15. Basis of Claim (check one) Ben. Social Use _____ Posted Notice _____ L. Use _____ Permit ☒

Decree

If applicable provide IDWR Water Right Number 22-7292

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 X

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) _____ Date 12-Dec-88

Date _____

For Organizations: I do solemnly swear or affirm that I am The Chairman

Title

of _____ Madison County Commission _____ that I have signed the foregoing

Organization

, that I have signed the foregoing

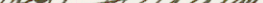
document in the space below as Chairman of Madison County Commission

Title

of Madison County Commission

Organization

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

Signature of Authorized Agent 

Title and Organization Chairman Madison County Commission Date 12 Dec 88

Date 12 Dec 85

State of Idaho/or)

) SS.

County of Madison

Subscribed and sworn (or affirmed) before me this 12 day of Dec 19 88

SEAL

Notary Public *Diane Sillman*

Residing at Lexington, Md.

My Commission Expires Jan 1994

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 N/A

Address _____

Date _____

Last Name	Madison County	Ident. Number	22-7292
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Copies White-State, Yellow-Claimant

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