

02/10/2005

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 73-11998

NAME AND ADDRESS: BAR G FARMS ENTERPRISES
PO BOX 175
MAY ID 83253

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

NO BENEFICIAL USE FOUND: This is included for a claim based on
beneficial use that is PROPOSED to be disallowed because beneficial use
of water was not confirmed by IDWRs field examination or by other
evidence submitted by the claimant.

No beneficial use found.

EXPLANATORY MATERIAL: Beneficial Use

IN 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 SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. 73-11998

Date Received

Receipt Number

NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.

RECEIVED

MAR 03 2003

Department of Water Resources
Eastern Region

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) BAR G ENTERPRISES Phone 208 876 4215
Mailing Address PO Box 175 MAY, IDAHO Zip 832532. Date of Priority (Only one per claim) 1911 Month/Day/Year3. Source of water supply (Check one) () Groundwater or Other ☒ (a) SPRING "E"
which is tributary to (b) SINKS ON PROPERTY Name or kind of source4. Location of point of diversion is: Township 15 N Range 21 E
Section 35 NW 1/4 of NW 1/4 of NE 1/4, Govt. Lot _____, BM.,
County of LEMHI

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. HISTORICALLY AND TRADITIONALLY THIS SPRING FLOWS TO AND SINKS ON OUR PROPERTY.

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

For STOCKWATER purposes from 1/1 Month/Day to 12/31 Month/Day amount 2 CFS
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 2 CFS (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) STOCKWATER FOR UP TO 500 PAIR/1000 CALF

10. Place of use is: Township: 13N Range 21E
Section 35 NE 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? LEMHI

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.
() None or _____

14. Remarks: HISTORICALLY AND TRADITIONALLY THIS SPRING PROVIDES STOCKWATER IN ADDITION TO IRRIGATION

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 X 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) Billy Lyden Date 2/26/2003
_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____

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.

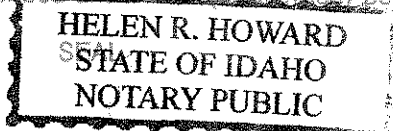
Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)
County of Custer) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 26th day of Feb 2003



Notary Public Helen R. Howard &

Residing at Challis

My Commission Expires 3/20/04

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant