

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 22-13353
Date Received: 2/10/2005
Receipt No:
Received By:

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

NEIL HIRSCHI Phone: (208)458-4977
12259 E 3749 N
NEWDALE ID USA 83436

2. Date of Priority: 07/20/1972

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
06N	42E	5	SE NW	MADISON	

5. Description of diverting works:

WELL WITH PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.01	

7. Total Quantity Appropriated is:
0.01 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
06N	42E	5	SE NW	DOMESTIC	

11. Place of use in counties: MADISON
12. Do you own the property listed above as place of use? Yes
13. Other Water Rights Used:
14. Remarks:
RENUMBERED FROM 22-13316.
15. Basis of Claim: Beneficial Use

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

CIVIL CASE NUMBER: 39576

Identification No. 22-13316

Date Received 10-13-04

Receipt Number ED30327

Renumbered
to 22-
13353

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

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

SEP 29 2004

Department of Water Resources
Eastern Region

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Neil Hirsch Phone (208) 458-4977
Mailing Address 12257E 3749N Newdale, Idaho Zip 83436

2. Date of Priority (Only one per claim) July/20/1972 Month/Day/Year

3. 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 6N Range 42E
Section 5, SE 1/4 of NW 1/4 of _____ 1/4, Govt. Lot _____, BM.,
County of MADISON

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. Well

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)
For Domestic purposes from Jan 1 Month/Day to Dec 31 Month/Day amount 0.1 (cfs)
For _____ purposes from _____ to _____ (Both dates are inclusive) amount _____

7. Total quantity claimed 0.1 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) /

10. Place of use is: Township: 6 Range 42

Section 5, 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? 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.
() None or _____

14. Remarks: _____

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 22-4024

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 _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Neil Hinch Date 9/10/04

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

of _____ Title _____, that I have signed the foregoing document in the space below as _____ of _____

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of _____) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 7 day of October 19 2004

Notary Public Ethel Koblenzar

Residing at St. Anthony, Id

My Commission Expires April 19, 2005

Last Name Koblenzar Ident No. _____

Copies: White-State, Yellow-Claimant

