

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: A22-02266B
Date Received: 6/17/1988
Receipt No: E000428
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: GARVIN RICKS 208-456-2397
Address: 530 W 1300 N
FELT ID 83424

AND/OR

Name: LAUREL RICKS 208-456-2397
Address: 530 W 1300 N
FELT ID 83424

2. Date of Priority: DEC 20, 1965

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4	of	1/4	of	1/4	Lot	County
07N	44E	24	SW		NW		SE		TETON
		25	NE		SE		NW		TETON

5. Description of diverting works:
TWO WELL/ 300 HP, 660'; 250HP, 680' TO MAINLINE-SPRINKLER SYSTEM

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	05/01	11/01	3.720		

7. Total Quantity Appropriated is:
3.720 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
NONE



10. Place of Use:

Township	Range	Section	1/4	of 1/4	Lot	Use	Acres
07N	44E	24	SE	SW		IRR	40.0
			SW	SE		IRR	40.0
			SE	SE		IRR	40.0
					Section Acres		120.0
		25	NW	NE		IRR	40.0
			NE	NW		IRR	36.0
			NW	NW		IRR	40.0
			SW	NW		IRR	40.0
			SE	NW		IRR	38.0
			SW	SW		IRR	40.0
					Section Acres		234.0
		36	NE	NW		IRR	40.0
NW	NW			IRR	40.0		
SW	NW			IRR	5.0		
SE	NW			IRR	22.0		
			Section Acres		107.0		
			Total Acres		461.0		

11. Place of use in counties: TETON

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

13. Other Water Rights Used:
22-7301/22-7516 FROM SAME SYSTEM

14. Remarks:
THIS CLAIM PAID UNDER TWO RECEIPTS: M000427 & M000428

15. Basis of Claim: LICENSE

Water Right Number: 32652

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: _____

State of Idaho)
County of _____) SS.

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

Notary Public

Seal

Residing at _____

My Commission Expires _____