

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 22-13362
Date Received: 3/23/2005
Receipt No:
Received By: **EC**

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

1. Name of Claimant(s)

RAY G RICKS Phone: (208)356-6374

Clyde Ricks

2796 E 3000 N
SUGAR CITY ID USA 83448

JAY C RICKS Phone: (208)356-8296

4379 W 6800 S
REXBURG ID USA 83440

ALFRED T RICKS JR Phone: (208)356-8296

4379 W 6800 S
REXBURG ID USA 83440

2. Date of Priority: 12/20/1965

3. Source: GROUND WATER , GROUND WATER Trib. to: ,

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07N	44E	25	NE SE NW	TETON	
07N	44E	24	SW NW SE	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	3.33	

7. Total Quantity Appropriated is:
3.33 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres	
07N	44E	25	NE	NE	IRRIGATION	31	
			NW	NE	IRRIGATION	30	
			SW	NE	IRRIGATION	39	
			SE	NE	IRRIGATION	39	
			NE	NW	IRRIGATION	6.3	
			SE	NW	IRRIGATION	9.1	
			NE	SW	IRRIGATION	34	
			NW	SW	IRRIGATION	27	
			SE	SW	IRRIGATION	33	
			NE	SE	IRRIGATION	39	
			NW	SE	IRRIGATION	39	
			SW	SE	IRRIGATION	35	
			SE	SE	IRRIGATION	39	
07N	45E	30	NW	SW	3	IRRIGATION	0.1
						Section Acres	0.1
						Total Acres	400.5

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:

14. Remarks:

This right is a split from former right 22-2266A.

15. Basis of Claim: License

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
of _____ 20__

Notary Public

Residing at _____

My commission Expires _____