

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: A22-02151F
Date Received: 5/14/1992
Receipt No: X777777
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MONTE R WHITTIER 208-237-4100
Address: 2271 CASSIA
POCATELLO ID 83201
AND/OR
Name: DENISE WHITTIER 208-237-4100
Address: 2271 CASSIA
POCATELLO ID 83201

2. Date of Priority: MAY 2, 1953

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
05N	45E	3		NW	NE		TETON
				SE	NE		TETON
06N	45E	34		SE	SE		TETON

5. Description of diverting works:
WELL PUMP MAINLINE TO LATERALS WITH SPRINKLERS

6. Water is used for the following purposes:

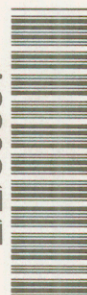
Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/15	10/15	0.132		

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

8. Total consumptive use is 25.0 Acre Feet Per Annum.

9. Non-irrigation uses:

A2202151F



10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
05N	45E	3	NW NW	4	IRR	10.0

Section Acres 10.0

Total Acres 10.0

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:
22-02161

14. Remarks:
TRANS. 3542. UNPERFORATED WELL CASING SHALL BE USED & SHALL
EXTEND THROUGH THE FIRST CONFINING LAYER.

15. Basis of Claim: LICENSE

Water Right Number: 24316

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: _____