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DEPARTMENT OF
WATER RESOURCES

2005 MAY 18 PM 12:07

DISTRICT COURT-SRBA
TWIN FALLS CO., IDAHO
FILED

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

In Re SRBA

Case No. 39576

Subcase 82-12214, 82-12215

ORDER GRANTING MOTION TO FILE
LATE NOTICE OF CLAIM

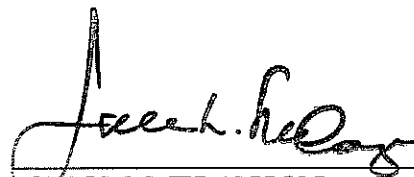
On February 22, 2005, Claimant ECA Living Trust filed *Motions to File Late Notices of Claim*. Hearing was held on the *Motions* on May 16, 2005. The *Motions* complied with all procedural requirements under *SRBA Administrative Order 1*, and no objections were made to the late Notices of Claim.

THEREFORE, IT IS ORDERED, that the *Motions to File a Late Notices of Claim* for the above water rights are **granted**.

The original Notices of Claim, as well as any attached filing fees, and a copy of this *Order* will be forwarded to the Idaho Department of Water Resources for further action.

IT IS SO ORDERED.

Dated May 18, 2005



JOHN M. MELANSON

Presiding Judge
Snake River Basin Adjudication

RECEIVED

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

MAY 19 2005

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

CIVIL CASE NUMBER: 39576

Identification No. 82-19214Date Received 5-19-05Receipt Number 0077988

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.

Filing Fee \$25

2005 FEB 22 AM 10:10
 DISTRICT COURT - SR3A
 TWIN FALLS CO. IDAHO
 FILED

Please type or print clearly

1. Name of Claimant (s) ECA Living Trust
ELEANOR E ALVERN TRUSTEE Phone (208) 926-4180Mailing Address 4 CR 66 Box 3120 Kootenai ID Zip 835392. Date of Priority (Only one per claim) April 1, 1994 Month/Day/Year3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 31N Range 4ESection 24 1/4 of SW 1/4 of SW 1/4, Govt. Lot _____, BM.,County of Idaho

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, 300' w/ submersible pump

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

For DOMESTIC purposes from 1/1 to 12/31 amount .04 (cfs)(Both dates are inclusive)
For STOCK WATER purposes from 1/1 to 12/31 amount .057. Total quantity claimed .09 (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) DOMESTIC, 1 HOME; stock water, 200 HEAD

10. Place of use is: Township: 31N Range 4E
Section 24, SW 1/4 of SW 1/4, Govt. Lot _____, B.M.,
County of NEZ PERCE ^{ECA} ~~Idaho~~ 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? NEZ PERCE ^{ECA} ~~IDAHO~~

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

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 _____

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) _____ Date _____

_____ Date _____

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

of ECA LIVING TRUST that I have signed the foregoing

document in the space below as trustee of ECA LIVING TRUST
Title Organization

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

Signature of Authorized Agent Eleanor C. Ahern Date 2/15/05

Title and Organization TRUSTEE OF THE ECA LIVING TRUST

State of Idaho/or _____

County of NEZ PERCE } SS.

Subscribed and sworn (or affirmed) before me this 15th day of February 2005

Notary Public [Signature]

Residing at Lewiston ID

My Commission Expires 4-28-2010

Last Name _____ Ident No. _____

