

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: A22-02161E
Date Received: 9/21/1988
Receipt No: X777777
Received By: _____

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

1. Name: VAL R CASPER
Address: PO BOX 351
DRIGGS ID 83422

208-354

Name: SHERYL H CASPER
Address: PO BOX 351
DRIGGS ID 83422

208-354



2. Date of Priority: JUN 6, 1955

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	SE	NW	NE		TETON

5. Description of diverting works:
2 WELLS TO SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/15	10/15	0.202		

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

8. Total consumptive use is 80.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
05N	45E	3	NE	NW	3	IRR	20.0

10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
05N	45E	3	NW	NW	4	IRR	10.0
Section Acres							30.0
Total Acres							30.0

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:
22-02151C

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: 25722

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 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: _____