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Department of Water Resources
Southern Region
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 37-178
Date Received: 6/3/2005
Receipt No: 5027724
Received By: *T Jones*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

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Department of Water Resources

1. Name of Claimant(s)

JOE LEGUINECHE Phone: (208) 934-5563

2099 E 1400 S
GOODING ID USA 83330

LINDA LEGUINECHE Phone: (208) 934-5563

2099 E 1400 S
GOODING ID USA 83330

2. Date of Priority: 05/01/1896

3. Source: BIG WOOD RIVER Trib. to: MALAD RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
05S	15E	12	NE SE SW	GOODING	

5. Description of diverting works:

UNION DITCH NO. 27

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	2.5	

7. Total Quantity Appropriated is:

2.5 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
05S	15E	10	SE	SW	IRRIGATION	35
			NW	SE	IRRIGATION	6.6
			SW	SE	IRRIGATION	34
			Section Acres		75.6	
05S	15E	15	NW	NE	IRRIGATION	11
			NE	NW	IRRIGATION	40
			NW	NW	IRRIGATION	39
			SW	NW	IRRIGATION	23
			SE	NW	IRRIGATION	19
Section Acres		132				
Total Acres		207.6				

11. Place of use in counties: GOODING

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

13. Other Water Rights Used:

14. Remarks:

P/D NOT GIVEN IN DECREE BUT DETERMINED FROM WATERMASTER.
AC. IRRIG. NOT SPECIFIED. FARM = 160 AC.

PLACE OF USE LIMITED TO 125 ACRES WITHIN THE PALCE OF USE DESCRIBED ABOVE.
THIS RIGHT IS USED IN CONJUNCTION WITH AMERICAN FALLS RESERVOIR DISTRICT #2 SHARES.

15. Basis of Claim: Decreed

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):

Joe Leguineche

Date:

6/3/05

Linda Leguineche

Date:

6-3-05

State of Idaho)

County of

Twin Falls

) SS.

Subscribed and sworn (or affirmed) before me this

3

of

June 2005

Douglas Jones

Notary Public

Residing at

Buhl ID

My commission Expires

8/8/2007



