

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 29-93B ✓
Date Received: 1/24/2003
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JIM ANDRUS Phone: (208)776-5380

6948 E OLD OREGON TRAIL RD ✓
LAVA HOT SPRINGS ID USA 83246

KENNETH D ANDRUS Phone: (208)776-5380

6948 E OLD OREGON TRAIL RD ✓
LAVA HOT SPRINGS ID USA 83246

COLLEEN L ANDRUS Phone: (208)776-5380

6948 E OLD OREGON TRAIL RD ✓
LAVA HOT SPRINGS ID USA 83246

2. Date of Priority: 07/01/1913 ✓

3. Source: TOPONCE CREEK ✓ Trib. to: PORTNEUF RIVER ✓

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
06S	38E	35	SW SE NW ✓	CARIBOU	1/2 002 Rem. r.

5. Description of diverting works:

DITCHES

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/15	09/15	0.095 ✓	

7. Total Quantity Appropriated is:
0.095 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
06S	38E	26	SW	NW	IRRIGATION	40
			SE	NW	IRRIGATION	40
			NE	SW	IRRIGATION	20
			NW	SW	IRRIGATION	40
			SW	SW	IRRIGATION	40
Section Acres						180
06S	38E	35	NE	NE	IRRIGATION	30
			NW	NE	IRRIGATION	30
			NE	NW	IRRIGATION	30
			NW	NW	IRRIGATION	30
Section Acres						120
06S	38E	36	NE	NE	IRRIGATION	30
			NW	NE	IRRIGATION	40
			NE	NW	IRRIGATION	40
			NW	NW	IRRIGATION	40
Section Acres						150
Total Acres						450

11. Place of use in counties: CARIBOU

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

13. Other Water Rights Used:

14. Remarks:

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): _____ 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 _____