

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: A29-00235
Date Received: 1/23/1990
Receipt No: X777777
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ~~COMBINED RIGHT~~
Address: _____

X, ID 0

2. Date of Priority: JUL 06, 1868

3. Source: TOPONCE CREEK Trib. to: PORTNEUF RIVER
COMBINED RIGHT

4. Point of Diversion:

Township Range Section 1/4 of 1/4 of 1/4 Lot County

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/15	09/15	1.580		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
06S	38E	35	SE	NE		IRR	
		36	SW	NW		IRR	

11. Place of use in counties: CARIBOU

A29-00235

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Date: 01/23/90

MICROFILMED

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

13. Other Water Rights Used:

14. Remarks:

AC IRR. = 79.24.

P/L & P/U INCOMPLETE.

INDIAN WATER RIGHTS.

***** THIS RIGHT HAS BEEN COMBINED WITH 8 OTHER RIGHTS AND
CLAIMED AS A29-10222.

15. Basis of Claim:

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 _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____