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DEPARTMENT OF
WATER RESOURCES

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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

) Subcase 84-12226

) Case No. 39576

) ORDER GRANTING MOTION TO FILE
) LATE NOTICE OF CLAIM

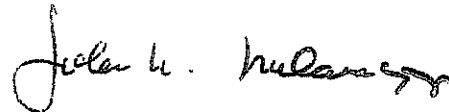
On April 14, 2005, Calvin T. Rutherford filed a *Motion to File Late Notice of Claim*. Hearing was held on the *Motion* July 19, 2005. This *Motion* complied with all procedural requirements under *SRBA Administrative Order 1*, and no objections were made to this late Notice of Claim.

THEREFORE, IT IS ORDERED, that the *Motion to File a Late Notice of Claim* water right 84-12226 is **granted**.

The original Notice 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 July 21, 2005



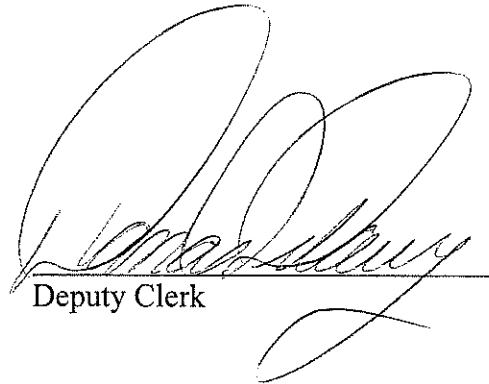
JOHN M. MELANSON
Presiding Judge
Snake River Basin Adjudication

CERTIFICATE OF MAILING

I certify that a true and correct copy of the **ORDER GRANTING MOTION TO FILE LATE NOTICE OF CLAIM** was mailed on July 21, 2005, with sufficient first-class postage to the following:

Calvin T Rutherford
Route 1 Box 73A
Kamiah, ID 83536

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098



Deputy Clerk

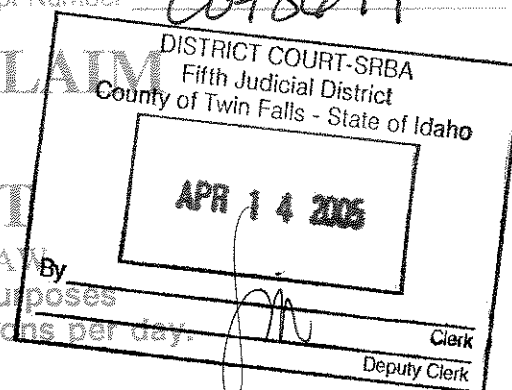
IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. 84-12226

Date Received 7-22-05

Receipt Number C078244

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

Please type or print clearly

1. Name of Claimant (s) Calvin T. Rutherford Phone ()

Mailing Address RR #1 Box 73A Kamiah ID Zip 83536

2. Date of Priority (Only one per claim) 10/31/1997 Month/Day/Year

3. 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 33N Range 4E

Section 6, 1/4 of NW 1/4 of NE 1/4, Govt. Lot 15, B.M.

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, 8"-6" - submersible pump

435' deep

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

For Domestic purposes from 11/1 to 12/31 amount .04 (cfs)

(Both dates are inclusive)

For purposes from to amount

7. Total quantity claimed .04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) Domestic, 1 home

10. Place of use is: Township: 33N Range 4E
Section 6 NW 1/4 of NE 1/4, Govt. Lot 15, B.M.,

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? 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.
(/) None or _____

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) x Calmet, Ruth Date x 4-11-05

Date _____

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

of _____, that I have signed the foregoing
Organization
document in the space below as _____ of _____
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of NEZ PERCE) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 11th day of April 2005

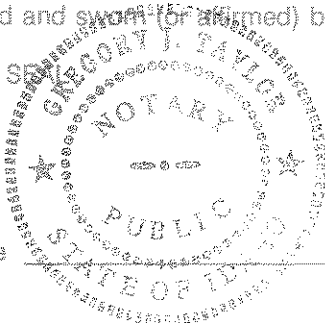
Notary Public Gregory J. Taylor

Residing at Lawton ID

My Commission Expires 4-28-2010

Last Name _____ Ident No. _____

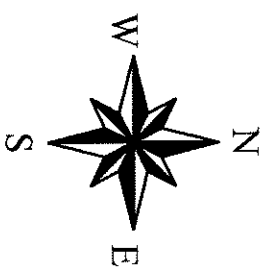
Copies: White-State, Yellow-Claimant



**T33N R04E
Section(s) 6**

Place of Use

⊙ **Point of Diversion**



0 1000 2000 3000 4000 Feet

