

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 29-307E
Date Received: 12/24/2002
Receipt No: M006448
Received By: CSAXTON

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

PEGGY L CHANDLER Phone: (208) 775-3360

PO BOX 144
INKOM ID USA 83245

SEREN R CHANDLER Phone: (208) 775-3360

PO BOX 144
INKOM ID USA 83245

2. Date of Priority: 06/22/1906

3. Source: RAPID CREEK Trib. to: PORTNEUF RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot			County	Type
07S	36E	11	SE	SW	SE	BANNOCK	

5. Description of diverting works:

DIVERSION DAM IN CREEKS W/DITCHES TO P/U

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	0.18	

7. Total Quantity Appropriated is:
0.18 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
07S	36E	11	SE	SW	IRRIGATION	9
Section Acres						9
Total Acres						9

11. Place of use in counties: BANNOCK

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

13. Other Water Rights Used:

14. Remarks:

THIS RIGHT SPLIT TO SHOW TWO SEPARATE IRRIGATION SYSTEMS FROM TWO DIFFERENT SOURCES (CSAXTON 12/24/02).

29-00307B: 0.50 CFS, 25 ACRES, SEREN CHANDLER

29-00307D: 0.32 CFS, 16 ACRES, SEREN CHANDLER

29-00307E: 0.18 CFS, 9 ACRES, SEREN CHANDLER

SUM OF SPLITS = PARENT CLAIM

FROM ORIGINAL CLAIM 29-00307B: THIS RT. IS SPLIT FROM THE PARENT RIGHT FOR THE PORTION OF THE LANDS OWNED BY THE CLAIMANT WHICH WERE ORIGINALLY DECREED AND ARE NOW IRRIGATED.

THIS RIGHT IS A SPLIT FROM FORMER RIGHT 29-00307E.

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 _____