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In File

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: **A51-12841**
Date Received: 8/18/1997
Receipt No: W022936
Received By: TTT

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: GEORGE TURNER 208-845-2432
Address: HC 85 BOX 123
BRUNEAU ID 83604

AND/OR

Name: BETTY L TURNER 208-845-2432
Address: HC 85 BOX 123
BRUNEAU ID 83604

2. Date of Priority: JAN 1, 1920

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
07S	06E	6	SE	SE			OWYHEE

5. Description of diverting works:
WELL, PUMP, PIPED TO BARN AND TROUGHS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.040		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
STOCKWATER, 100 RANGE CATTLE

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
07S	06E	6	SE SE		STOCK	

11. Place of use in counties: OWYHEE

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

13. Other Water Rights Used:
A51-10264

14. Remarks:

THIS RIGHT IS FOR WATER IN ADDITION TO THE .04 CFS CLAIMED FOR DOMESTIC USE (A51-10264).

15. Basis of Claim: BENEFICIAL USE

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.

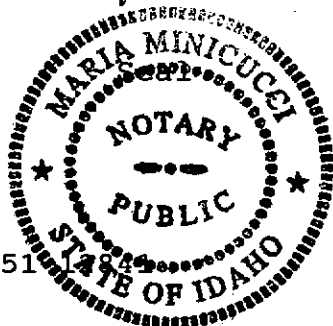
Signature of Claimant(s): George C Turner Date: 8/18/97

Date: _____

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 18th day
of August 19 97

Harold Pennington
Notary Public



Residing at Boise, Idaho
My Commission Expires 06/25/1999

DATE: 07/07/98
PAGE: 1

Audit: 07/07/98 SBOCK

DATE: 07/07/98
PAGE: 1

$$\frac{3}{2} = 1.5$$

No. A51-12841

DATE: 07/01/98
PAGE: 2

CODE	NAME & ADDRESS
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DIVERSION RATE

0.04 CFS

Stage: BENEFICIAL USE

OWYHEE County

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3535 35MS 3

C Lt Ac Lt Ac

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FOR

Objection Filed Date:

CLAIM NO. 51-12841

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
CLAIM VERIFICATION EXAM SHEET

(use in place of the CVR for small Domestic/Stock exams)

1. ☒ No Change **NAME**
NEW OWNER: _____
☐ No Change **ADDRESS**
NEW ADDRESS: _____
2. ☒ No Change - **DATE OF PRIORITY:** Completed - No Field Verification Needed.
☐ Incomplete - Claim shows no priority date, claimant should be asked during the exam when was water first used.
Priority date, per claimant, is _____.
(if the priority date, based on your exam, seems questionable, explain in remarks.)
3. ☒ No Change - **SOURCE**
Source is different than that claimed:
Source found: _____
4. ☒ No Change - **POINT OF DIVERSION**
Point of diversion is different than the claim
New P/D: Twp. _____, Rge. _____, Sec. _____, _____ 1/4 _____ 1/4 _____ 1/4
5. ☒ No Change - **DESCRIPTION OF DIVERTING WORKS**
Incomplete desc., complete items missing, **IF KNOWN.**
Additional comments in remarks.
HP of pump _____ Pump Ser. # _____ Pumping water level _____
Well depth _____ Motor Ser. # _____ Static water level _____
Casing size _____ Method of irr. _____
6. ☒ No Change - **WATER USES**
Different uses, (list uses found).
Use _____ From _____ To _____ Amount _____ cfs _____ af
Use _____ From _____ To _____ Amount _____ cfs _____ af
7. ☒ No Change - **TOTAL VOLUME**
Incomplete on claim, the total is, -- -- _____ cfs 1.2 af
Change found, the new total is, -- -- -- _____ cfs _____ af
8. **N/A**
9. ☒ No Change - **NON-IRRIGATION USES:** Completed on claim
Incomplete on claim - Exam found:
Domestic - No. of homes _____ Stockwater - No. of head 100
Other: _____

10. ☒ No Change - PLACE OF USE: (If changed, list below.)

Use Twp. Rge. Sec. 1/4, 1/4,

Remarks: (Comments pertinent to field examination)

The decedent does not address G.W. Service domestic
claim has been processed w/ 1920 date
I am recommending this the same.

ATTACHMENTS:

Attached to
This Form.

Attachments are
in Permit File.

PHOTOS (optional) ☐
MAP ☐
SYSTEM DIAGRAM ☐

☐
☐
☐

☐ Changes found during exam or additional information in the permit
file, see permit file.

DATE EXAM CONDUCTED: _____

FIELD EXAMINER: _____

Signature

Lee Bortz