



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov.

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

August 4, 2005

KENT STOWE
59 SUNNYSIDE DR
JEROME ID 83338

RE: Snake River Basin Adjudication (SRBA)
Notice of Claim to a Water Right #37-21494

Dear Mr. Stowe:

We are returning the Notice of Claim to a Water Right you filed for your property in Gooding County. The claim form you completed is used only for Domestic and/or Stockwater Purposes. Please either keep that claim form or dispose of it.

I have enclosed a computer-generated Notice of Claim to a Water Right for you to complete and return.

Please add the number of acres you irrigate at Item #10, sign the claim in front of a Notary Public and return it to my attention by **August 25, 2005**. You may want to make a copy of your claim before returning it to me.

Please call me at 208/287-4917 if you have any questions or concerns.

Sincerely,

Carter Fritschle
Water Rights Supervisor
Adjudication Technical Section

CLF:ss:region
Enclosures:

Computer-generated Notice of Claim to a Water Right #37-21494
Notice of Claim to a Water Right on Wrong Form

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

Identification No. 37-21494Date Received 8-2-05Receipt Number 5027872

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

- Name of Claimant (s) KENT STONE Phone (208) 309-7251
Mailing Address 59 SUNNYSIDE DR Zip 83338
- Date of Priority (Only one per claim) 11/7/1887 Month/Day/Year
Source of water supply (Check one) () Groundwater or Other () (a) LOWER WASHINGTON
~~IRRIGATION~~
which is tributary to (b) STANDARD CREEK
Name or kind of source
- Location of point of diversion is: Township 6 SOUTH Range 13 EAST
Section 27 NE 1/4 of SW 1/4 of NW 1/4, Govt. Lot — BM.,
County of GOODING
Additional points of diversion if any: _____
- 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. LOWER WASHINGTON DITCH
- Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)
For IRRIGATION purposes from 3/15 to 11/15 amount .03 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .03 (cfs)
- Total consumptive use claimed is de minimus
- Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) _____

10. Place of use is: Township: 6 SOUTH Range 13 EAST
Section 27 NE 1/4 of SW 1/4, Govt. Lot _____, S.M.,

for (Circle One) Domestic Stock Domestic and Stock
Additional places of use, if any IRRIGATION

11. In which county (ies) are lands listed above as place of use located? COCONINO

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) [Signature]

Date 8/2/05

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 _____

Title

of _____

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 Twin Falls) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 2nd day of August 2005

Notary Public Mary A. Baldwin

Residing at Twin Falls, ID

My Commission Expires 10/16/2010

Last Name _____

Ident No. _____

Copies: White-State, Yellow-Claimant

