

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: A35-10405
Date Received: 3/24/1989
Receipt No: 6006469
Received By: ESB

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: J. STANLEY WILLIAMS 208-684-4932
Address: 1286 W. 200 S.
PINGREE, ID 83262

OR
Name: NANCY WILLIAMS 208-684-4932
Address: 1286 W. 200 S.
PINGREE, ID 83262

2. Date of Priority: MAR 01, 1973

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	33E	12	NE	SW	SW		BINGHAM

5. Description of diverting works:
WELL W/ PUMP TO HOME, FARMSTED SHOP.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	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:
ONE HOME

A35-10405

Page 1

Date: 03/24/89

MICROFILMED
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10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
03S	33E	12	SW SW		DOMEST	

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:
NONE

14. Remarks:

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: 0

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): J. Stanley Helman Date: 3/24/89
Date: _____

State of Idaho)
County of Bonner) SS.

Subscribed and sworn (or affirmed) before me this 24 day
of March 19 89
Ed Bern
Notary Public

Seal

Residing at _____
My Commission Expires _____