

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: A01-00209
Date Received: 8/02/1989
Receipt No: 5008824
Received By: AD

RECEIVED

AUG 11 1989

Department of Water Resources
Southern Region Office
**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: TWIN FALLS CANAL CO. 208-733-6731
Address: P.O. BOX 326
TWIN FALLS, ID 83303

2. Date of Priority: OCT 11, 1900

3. Source: SNAKE RIVER Trib. to: COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	21E	29	SW	NE	SE		TWIN FALLS

5. Description of diverting works:
MILNER DAM

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	03/15	11/15	3000.000		

7. Total Quantity Appropriated is:
3000.000 C.F.S. (and/or) A.F.A.

8. Total consumptive use is *568,002* Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

10. Place of Use: *see enclosed, bound, item 10 - see A0*

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
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11. Place of use in counties: *TWIN FALLS*

12. Do you own the property listed above as place of use? NO

A01-00209

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Date: 08/02/89

MICROFILMED
MAR 20 1993

SEE REMARKS

P/D: TWIN FALLS SOUTH SIDE CANAL.

15. Basis of Claim: DECREED

Case Number:

Court :

Decree date:

TWIN FALLS CANAL CO.

Decree Plaintiff

CHARLES N. FOSTER.

Decree Defendant

VS

(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 xx wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Organizations:

I do solemnly swear or affirm that I am President of Title

Twin Falls Canal Company, that I have signed the foregoing
Organization

document in the space below as President of Title

Twin Falls Canal Company and that the statements contained in the
Organization foregoing document are true and correct. Robert Hendrix.

Signature of Authorized Agent

Name	Title and Organization
President, Twin Falls Canal Company	

8-8-89

Date _____

State of Idaho)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 8th day

of August 19 89

Sherry L. Call
Notary Public

Seal

Residing at Twin Falls, Idaho

My Commission Expires 3/19/92

17. Notice of Appearance:

Notice is hereby given that I, John A. Rosholt will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature John A. Rosholt

Address P.O. 1906, Twin Falls, Id 83301

Date 3/9/89

Last Name Twin Falls Canal Gent. Number _____

Copies White-State, Yellow-Claimant