

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 29-386
Date Received: 4/18/1990
Receipt No: X777777
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MEADOWBROOK RANCH Phone: (208)254-3186

10053 S MARSH CREEK RD
MC CAMMON ID 83250

2. Date of Priority: 05/01/1904

3. Source: GARDEN CREEK Trib. to: MARSH CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
10S	36E	7	NW NW 1	BANNOCK	

5. Description of diverting works:

HEADGATE TO DITCH TOLACE OF USE FOR IRRIGATION

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	1	

7. Total Quantity Appropriated is:
1 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
10S	36E	5	NE SW	IRRIGATION	40
			SE SW	IRRIGATION	35
			NW SE	IRRIGATION	40

Section Acres 115

Total Acres 115

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:

SPLIT INTO INDIVIDUAL DECREED RIGHTS De

THIS RIGHT HAS BEEN COMBINED WITH 29-00364 AND 29-00413 TO FORM NOTICE A29-11431.

29-00364 = 1.0 CFS 29-00386 = 1.0 CFS 29-00413 = 1.0 CFS TOTAL = 3.0 CFS .

A29-11431 = 3.0 CFS .

THIS RIGHT IS CLAIMED IN FULL. EN 1/5/96

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 Organizations:

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

_____, that I have signed the foregoing

Organization
document in the space below as _____ of

Title
_____ and that the statements contained in the
Organization
foregoing document are true and correct. _____

Signature of Authorized Agent

Title and Organization

Date

State of Idaho)

) SS.

County of _____)

Subscribed and sworn (or affirmed) before me this

of _____ 20__

Notary Public

Residing at _____

My commission Expires _____