

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

Renumbered A22-02018

Ident. Number: A22-12205

Date Received: 10/06/1988

Receipt No: E002964

Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: C TIMOTHY HOPKINS 208-523-4445
Address: P.O. BOX 51219
IDAHO FALLS, ID 83405-1219

OR

Name: CLYDE J NORD
Address: IDAHO FALLS, ID 83405-1219

2. Date of Priority: AUG 01, 1904

3. Source: UNNAMED CREEKS Trib. to: TETON RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
05N	45E	20	SW	SW	SW		TETON
		29		NW	SE		TETON
				NW	NE		TETON

5. Description of diverting works:
EARTH, BRUSH, BOARD DAMS; DIVERTED SYS./DITCHES/IRRI. WELL 15' DEEP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/15	10/15	2.800		
STOCKWATER	01/01	12/31	0.020		
DOMESTIC	01/01	12/31	0.020		

7. Total Quantity Appropriated is:
2.840 C.F.S. (and/or) A.F.A. NOV 06 1988

8. Total consumptive use is 264.1 Acre Feet Per Annum.

9. Non-irrigation uses:

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10. Place of Use:

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
05N	45E	20					DOMEST	
			NW		SW		STOCK	35.0
			SW		SW		STOCK	38.0
							Section Acres	73.0
		29	NW		NW		STOCK	39.0
			SW		NW		STOCK	30.0
							Section Acres	69.0
							Total Acres	142.0

11. Place of use in counties: TETON

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

13. Other Water Rights Used:

SUBIRRIGATION IS UTILIZED FOR PASTURE GROUND

14. Remarks:

15. Basis of Claim: DECREED

Case Number: 1847

Court :

Decree date: 9/08/1986

Decree Plaintiff

vs

Decree Defendant

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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): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

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