

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 29-2224K
Date Received: 3/21/1990
Receipt No: M006313
Received By:

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

A GORDON ARMSTRONG Phone: (208) 734-1839

1083 PLAINVIEW DR
TWIN FALLS ID USA 83301

HAROLD (HAL) A ARMSTRONG Phone: (801) 728-4906

621 EAST 950 S APT A
CLEARFIELD UT USA 84015

ROGER ARMSTRONG Phone: (208) 232-3824

1638 E WYETH
POCATELLO ID USA 83201

RITA BACHMANN Phone: (801) 277-1331

1627 LORREEN CT
SLC UT USA 84121

CAROL WINTERSTEEN Phone: (208) 376-3730

4948 N FIELDCREST PL
BOISE ID USA 83704

2. Date of Priority: 10/04/1919

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

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07S	34E	1	SE SE NW	BANNOCK	

5. Description of diverting works:

PIPELINE/ FLOOD IRRIGATION

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/15	0.08	

7. Total Quantity Appropriated is:
0.08 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
07S	34E	1	SE	NW	IRRIGATION	4
					Section Acres	4
					Total Acres	4

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:

OWNERSHIP CHANGED PER CLAIMANT REQUEST ON 8/6/02. HAROLD ARMSTRONG REQUESTED OVER THE PHONE ON 8/6/02 THAT HIS MOTHER, ROMA ARMSTRONG, WHO ACTUALLY RESIDES AT THE PROPERTY, REMAIN ON THE CLAIM AS A REPRESENTATIVE.

15. Basis of Claim: License

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

of _____ 20__ _____

Notary Public

Residing at _____

My commission Expires _____