

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 29-2303
Date Received: 11/29/1989
Receipt No: E011215
Received By:

- Amendment -

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

- Amendment -

1. Name of Claimant(s)

SUSANNE ELIASON Phone: (208) 648-7839

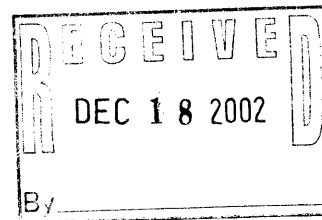
PO BOX 67
BANCROFT ID USA 83217

JOSEPH PETER ELIASON Phone: (208) 648-7839

PO BOX 67
BANCROFT ID USA 83217

2. Date of Priority: 05/09/1951

3. Source: GROUND WATER Trib. to:



4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07S	39E	29	NE NW NW	CARIBOU	

5. Description of diverting works:

12"X60' WELL WITH 40HP TURBINE PUMP. MAINLINE TO SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	4/01	11/01	1.66	

7. Total Quantity Appropriated is:
1.66 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	39E	20	SE	SW	IRRIGATION	22		
			SW	SW	IRRIGATION	39		
							Section Acres	61
07S	39E	29	NE	NW	IRRIGATION	20		
			NW	NW	IRRIGATION	39		
							Section Acres	59
							Total Acres	120

11. Place of use in counties: CARIBOU

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

13. Other Water Rights Used:

14. Remarks:

CHANGED OWNERSHIP 2/3/95/JT

15. Basis of Claim: License

16. Signature(s)

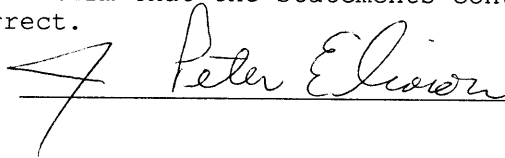
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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):

 Peter Elision

Date: 12/16/02

Date:

State of Idaho

)

County of _____

)

SS.

Subscribed and sworn (or affirmed) before me this

of _____ 20__

Notary Public

Residing at _____

My commission Expires _____

Cinda

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Receipt No: E011215
Received By: E028396
12/20/02

- Amendment- NOTICE OF CLAIM TO A WATER RIGHT
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County of _____) SS.

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Notary Public

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