

DEPARTMENT OF
WATER RESOURCES

CERTIFICATE OF MAILING

I certify that a true and correct copy of the ORDER GRANTING MOTION TO FILE LATE NOTICE OF CLAIM was mailed on January 18, 2006, with sufficient first-class postage to the following:

DIRECTOR OF IDWR
PO BOX 83720
BOISE, ID 83720-0098

JOSEPH C TURPEN
SANDRA G TURPEN
420 PIONEER RD
HORSESHOE BEND, ID 83629
Phone: 208-793-3902

A handwritten signature in cursive script, appearing to read "Julie Murphy", is written over a horizontal line. The signature is fluid and stylized, with the first name "Julie" and last name "Murphy" clearly distinguishable.

RECEIVED

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

JAN 19 2006

DEPARTMENT OF
WATER RESOURCES

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. 05-22984Date Received 1-19-06Receipt Number 108014

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.

DISTRICT COURT-SRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

OCT 25 2005

Clerk

Deputy Clerk

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Joseph C./Sandra G. Turpen Phone (208) 793.3902Mailing Address 420 Pioneer Road Horseshoe Bend Zip 836292. Date of Priority (Only one per claim) October 7, 1992 Month/Day/Year3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
Name or kind of source
which is tributary to (b) _____4. Location of point of diversion is: Township 07N Range 02E
Section 13, NW 1/4 of NW 1/4 of _____ 1/4, Govt. Lot _____, BM.,
County of Boise

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well. 6" well casing, fractional pump, static water level @ 76 feet
Well drilling permit #735357

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions)

For Domestic purposes from 1-1 ^{Month/Day} to 12-31 ^{Month/Day} amount .04 (cfs)
For Stockwater purposes from 1-1 ^(Both dates are inclusive) to 12-31 amount .02

7. Total quantity claimed .06 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) Domestic, 1 home, Stockwater 24 sheep, 12 chickens

10 Place of use is: Township: 27N Range 02E
Section 13, NW 1/4 of NW 1/4, Govt. Lot _____, B.M.,
for (Circle One) Domestic Stock Domestic and Stock
Additional places of use, if any _____

11. In which county (ies) are lands listed above as place of use located? Donner Boise

12. Do you own the property listed above as place of use? Yes ☒ No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.
() None or _____

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

(a) By signing below, I/We acknowledge that I/We have received, read and understood 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 0

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct

Signature of Claimant (s)

Joseph C. Turpen

Date

10/21/05

Sandra S. Turpen

Date

10/21/05

For Organizations: I do solemnly swear or affirm that I am _____

Title

of _____, that I have signed the foregoing

Organization

document in the space below as _____

of

Title

Organization

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

Signature of Authorized Agent _____

Date _____

Title and Organization _____

State of Idaho/or _____)

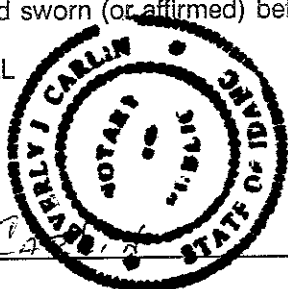
County of Ada)

SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 21st day of October 2005

SEAL



Notary Public

Jennifer J. Carlin

Residing at

Boise, Idaho

My Commission Expires

2/3/2009

Last Name

Carlin

Ident No _____

Copies: White-State, Yellow-Claimant

Payment Amount	\$25.00	Date Received	1/19/2006 12:48:54 PM	Region	State	Status
Payment Type	Check	Check Number	3580			

Comment NOTICE OF CLAIM

Fee Detail

Amount	Description	Fund	FD	PCA	SO
\$25.00	ADJUDICATION FILING FEE	0337		41503	1155

M

Signature Line (Dept. Representative)