

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 29-2327
Date Received: 2/14/90
Receipt No: E012062
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

RICHARD F FEUERBORN Phone: (208)234-7103

1469 E FORK MINK CREEK
POCATELLO ID USA 83204

ANN T FEUERBORN Phone: (208)236-0005

1469 E FORK MINK CREEK
POCATELLO ID USA 83201

2. Date of Priority: 01/20/1953

3. Source: SPRING Trib. to: MINK CREEK EAST FORK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
08S	35E	8	NE SW	BANNOCK	

5. Description of diverting works:

HEADBOX GRAVITY FLOW TO HOME/ HOSES TO SPRINKLER SYSTEM

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/01	0.02	
DOMESTIC	1/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.02 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
08S	35E	8	NE	SW	IRRIGATION	1
Section Acres						1
Total Acres						1

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:

ANN FEUEURBORN ADDED AS CLAIMANT PER REQUEST. ANN SAYS THAT SHE IS DIVORCED FROM RICHARD FEUEURBORN AND HE IS NO LONGER AN OWNER OF THE PROPERTY. NO DEED PROVIDED TO INDICATE RICHARD IS NOT STILL PARTIAL OWNER.

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)
) SS.

County of _____)

Subscribed and sworn (or affirmed) before me this

of _____ 20__

Notary Public

Residing at _____

My commission Expires _____