

MAY 24 2001

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: A29-02434A
Date Received: 3/23/1990
Receipt No: M006344
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JOHN A. BRADY 208-897-5206
Address: 3284 E. SPRING
DOWNEY, ID 83234

AND/OR

Name: KAREN L. BRADY 208-897-5206
Address: 3284 E. SPRING
DOWNEY, ID 83234

2. Date of Priority: NOV 14, 1960

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
11S	37E	5	NW	NW	NE		BANNOCK

5. Description of diverting works:
WELL/PUMP- MAINLINES

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	01/01	12/31	0.053		
IRRIGATION	03/15	11/15	0.777		

7. Total Quantity Appropriated is:
0.830 C.F.S. (and/or) A.F.A.

8. Total consumptive use is 192.5 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

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Date: 06/22/90

MICROFILMED

NOV 13 1992

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
11S	37E	5	NE	NE	1	IRR	37.0
			NW	NE	2	IRR	40.0
Section Acres							77.0
Total Acres							77.0

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:
PORT/MARSH VALL. CANAL CO.

14. Remarks:

15. Basis of Claim: LICENSE

Water Right Number: 29150

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: _____