

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: A29-04012A
Date Received: 5/25/1990
Receipt No: S012346
Received By: Sc

Department of Water Resources
Eastern District Office

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: AQUA LIFE INC. 208-543-4312
Address: RT. 5 BOX 5053
BUHL, ID 83316

2. Date of Priority: JUN 01, 1914

3. Source: PAPOOSE SPRINGS Trib. to: PORTNEUF RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
06S	33E	1	SW	NE	NE		POWER
			SW	NW	NE		POWER
			NW	SE	NE		POWER
	34E	6	SE	SW	NW		POWER

5. Description of diverting works:
PONDS AND RACEWAYS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
FISH PROPAGATION	01/01	12/31	75.000		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
H/COMMERCIAL FISH

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
06S	33E	1	NE	NE		FISH	

A29-04012A

Page 1

Date: 05/25/90

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A2904012A



10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
06S	33E	1	NW	NE		FISH	
			SE	NE		FISH	
	34E	6	SW	NW		FISH	

11. Place of use in counties: POWER

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

13. Other Water Rights Used:
A29-04012B

14. Remarks:
THIS IS A PORTION OF WR 29-04012 FOR FISH PROPAGATION.

15. Basis of Claim: STATUTORY CLAIM

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 Organizations:

I do solemnly swear or affirm that I am _____ of
_____ Title
_____ Organization, that I have signed the foregoing
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

Title and Organization

5-25-90
Date

State of Idaho)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 25th day

of May 19 90

Steve Callahan
Notary Public

Seal

Residing at Twin Falls, Idaho

My Commission Expires December 7, 1994

