

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 29-4099
Date Received: 4/10/1990
Receipt No: E013028
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MAREN HAZE BARRON Phone: (208) 775-3688

3438 W PORTNEUF RD
INKOM ID USA 83245

MARC BARRON Phone: (208) 775-3562

3438 W PORTNEUF RD
INKOM ID USA 83245

2. Date of Priority: 05/01/1902

3. Source: PORTNEUF RIVER Trib. to: SNAKE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07S	36E	19	SW SW	BANNOCK	

5. Description of diverting works:

DAM & HEADGATE/ DITCHES TO FLOOD IRRIGATION

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	4/01	11/01	1.82	

7. Total Quantity Appropriated is:

1.82 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	36E	19	SW	SW	IRRIGATION	20	
			SE	SW	IRRIGATION	20	
			Section Acres				40
			Total Acres				100
07S	36E	30	NE	NW	IRRIGATION	30	
			NW	NW	IRRIGATION	30	
			Section Acres				60
			Total Acres				100

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:

PHONE NUMBER FOR MARC BARRON CHANGED PER VERBAL APPROVAL FROM MARC ON 11/20/01 (CSAXTON) .

15. Basis of Claim: Beneficial Use

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)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this
of _____ 20__

Notary Public

Residing at _____

My commission Expires _____