

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 29-4101B
Date Received: 4/25/1990
Receipt No: E013660
Received By:

AMENDED

AMENDED

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

JOAN THOMSEN Phone: (208)254-3805

2599 S MARSH CREEK RD
MC CAMMON ID USA 83250

CHARLES E THOMSEN Phone: (208)254-3805

2599 S MARSH CREEK RD
MC CAMMON ID USA 83250

2. Date of Priority: 03/15/1912

3. Source: WALKER CREEK Trib. to: MARSH CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
08S	36E	15	NW NE SW	BANNOCK	

5. Description of diverting works:

HEADGATES AND DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	0.09	
STOCKWATER	01/01	12/31	0.02	

7. Total Quantity Appropriated is:
0.09 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	36E	15	NE	SW	STOCKWATER	
			NE	SW	IRRIGATION	3
					Section Acres	3
					Total Acres	3

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:

CLAIMANT REQUESTED AN AMENDMENT TO THIS CLAIM AT A HIGHER RATE PER ACRE BASED ON THE CLAIM OF JODENA DUNN UNDER THE 29-4101 STATUTORY CLAIM.

A CLAIM FOR AN ADDITIONAL 3 ACRES OF IRRIGATION WILL BE FILED BASED ON IDAHO CODE 42-1416(2).

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 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 _____