

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 29-4461
Date Received: 3/30/1990
Receipt No: C016026
Received By:

AMENDED

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

RAY E INFANGER Phone: (208)756-3642

RT 1 BOX 174
SALMON ID USA 83467

VERA S INFANGER Phone: (208)756-3642

RT 1 BOX 174
SALMON ID USA 83467

9/14/01 Measurement is
Required. Claimant
Requests to be Present
At Field Exam.

2. Date of Priority: 03/01/1950

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
06S	32E	34	NW NE NE	POWER	

5. Description of diverting works:

WELL, 14" DIA., ELECTRIC PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.23	

7. Total Quantity Appropriated is:
0.24 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
06S	32E	34	NE	NE	DOMESTIC	

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:

14. Remarks:

This claim was amended at the request of the claimant to reduce the cfs to >0.24 cfs to avoid Measurement District guidelines. This claim is for commercial use of a trailer park and should be reviewed as such. Question? Do fees paid cover Commercial Use? No irrigation.

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): *Dora Infanger* Date: _____
_____ Date:

State of Idaho)
County of *Bennett*) SS.

Subscribed and sworn (or affirmed) before me this *14th*
of *Sept* 20*01*

Aaron B. Rubery
Notary Public
Residing at *PO Box 100*
My commission Expires *9/23/03*

