

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 29-4421
Date Received: 3/14/1990
Receipt No: M006234
Received By:

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

1. Name of Claimant(s)

CITY OF AMERICAN FALLS Phone: (208)226-2569

550 N OREGON TRAIL
AMERICAN FALLS ID USA 83211

2. Date of Priority: 11/08/1884

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4	of 1/4	Lot	County	Type
07S	31E	32	NW	SW		POWER	
08S	31E	13	SW	SW	NW	POWER	
07S	31E	21	NW	SE	SW	POWER	
07S	31E	29	NE	NE	SE	POWER	
07S	31E	29	SE	NE	SE	POWER	
07S	31E	29	NW	NW	SE	POWER	
07S	31E	29	NW	SW	SE	POWER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose
MUNICIPAL

From To C.F.S.
01/01 12/31 2

(or) A.F.A

7. Total Quantity Appropriated is:
2 C.F.S.

8. Total consumptive use:

*Not signed
8/20/01
Bac*

*Temp database
status*

*Give temp
database
status*

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
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11. Place of use in counties:

12. Do you own the property listed above as place of use? No

13. Other Water Rights Used:

14. Remarks:

Claim altered per T 68831 approved 5/18/2001. BContor 8/18/2001.

Claim amended 8/20/2001 to show original priority date of Posted Notice filed by predecessor Alice E. Sparks. Note that deed specifically references and conveys this right. Copy of deed and Posted Notice in AJ file.

15. Basis of Claim: Statutory Claim

16. Signature(s)

Number of attachments: _____

For Organizations:

I do solemnly swear or affirm that I am _____ of
Title

_____, that I have signed the foregoing
Organization

document in the space below as _____ of
Title

_____, and that the statements contained in the
Organization

foregoing document are true and correct.

Signature of Authorized Agent

Title and Organization

Date

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day

of _____ 20__

Notary Public

Residing at _____

My commission Expires _____