

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 29-7067
Date Received: 4/9/1990
Receipt No: C016174
Received By:

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

1. Name of Claimant(s)

LEWIS L PROBART Phone: (208) 327-9045
2457 ADA ST
POCATELLO ID USA 83201

2. Date of Priority: 08/03/1971

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	35E	7	NW SW	BANNOCK	

5. Description of diverting works:

SEE REMARKS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/15	0.14	24.5
STOCKWATER	1/01	12/31	0.02	0.4
DOMESTIC	1/01	12/31	0.06	2.4

7. Total Quantity Appropriated is:
0.14 C.F.S. and/or 27.3 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
07S	35E	7	NW SW	IRRIGATION	7

Section Acres 7
Total Acres 7

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:

CHANGED OWNERSHIP PER CLAIMANTS DAUGHTERS REQUEST. WILMA PROBART PASSED IN 1997. CLAIMANTS DAUGHTER DEBRA L CHEATUM HAS POWER OF ATTORNEY. SEE FILE (CSAXTON 4/29/03).

4 IN. SPRINKLER PIPE WITH SPRINKLERS - 14 TO 20 SPRINKLERS PER SETTING. DOMESTIC AND STOCKWATER TROUGHS.

15. Basis of Claim: License

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 _____