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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: A29-07357
Date Received: 8/10/1989
Receipt No: C016662
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: STATE OF IDAHO
Address: DEPT. OF PARKS & REC.
STATEHOUSE
BOISE, ID

83720

2. Date of Priority: DEC 24, 1969

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
08S	30E	31	NE	SE			POWER

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	10/15	0.060		10.50
DOMESTIC	01/01	12/31	0.070		3.50

7. Total Quantity Appropriated is:
0.130 C.F.S. (and/or)

14.00 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/MASSACRE ROCKS STATE PARK.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
08S	30E	31	SE	SE		IRR	3.0

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Date: 08/16/90

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10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	3.0
					Total Acres	3.0

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:

MASSACRE ROCKS
DOMESTIC AND IRRIGATION WELL
WATER RT. NO. 29-7357 WAS ERRONEOUSLY ISSUED NO. 35-7107 FOR A
SHORT TIME.

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: _____