

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 29-7368
Date Received: 4/30/1990
Receipt No: E013902
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

VALLEY VIEW ESTATES WATER USERS ASSOCIATION Phone: (208)235-6255

1355 GALE MOUNTAIN RD
POCATELLO ID USA 83204

2. Date of Priority: 03/05/1977

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	30	NE SW	BANNOCK	

5. Description of diverting works:

2 WELLS PUMPS & PIPELINES

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/15	0.12	
DOMESTIC	1/01	12/31	0.28	

7. Total Quantity Appropriated is:
0.28 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
07S	35E	30	NE	SW	IRRIGATION	2
			SE	SW	IRRIGATION	1.5
			NW	SE	IRRIGATION	2
			SW	SE	IRRIGATION	0.5
			NE	SW	DOMESTIC	
			SE	SW	DOMESTIC	
			NW	SE	DOMESTIC	
			SW	SE	DOMESTIC	
Section Acres						6
Total Acres						6

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:

2 P/D IN NESW, S30, T7S, R35E.
 REINSTATED 10-4-1978.
 *** CHANGE OF OWNERSHIP, 11/17/98.

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 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

of _____ 20__

Notary Public

Residing at _____

My commission Expires _____