

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 29-07834
Date Received 8-13-01
Receipt Number E027011

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Claim # 5000
Late 5000
CSS #12000

Please type or print clearly

1. Name of Claimant (s) CITY OF McCAMMON Phone (208) 254-3200
Mailing Address P.O. Box 9, McCAMMON, IDAHO Zip 83250

2. Date of Priority (Only one (1) per claim) 1987, JULY 15

3. Source of water supply (a) GROUNDWATER
which is tributary to (b) _____

4. a. Location of existing point of diversion is: Township 9S Range 36E Section 12,
SW 1/4 of SE 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of BANWICK

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.

WELL DELIVERS WATER DIRECTLY TO DISTRIBUTION SYSTEM

THE WELL IS 185' DEEP WITH 10 HORSEPOWER PUMP SET AT ABOUT
60 FEET. THE CASING IN THE WELL IS 10 INCH DIAMETER

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For MUNICIPAL purposes from JAN 1 to DEC 31 amount 0.20 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.20 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) MUNICIPAL SYSTEM SERVES 300± HOUSEHOLDS

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals	
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4		
9S	36E	1, 12, 13:	EXISTING CITY LIMITS OF MCCAMMON PLDS																	
9S	37E	18	SAME OUTSIDE CONNECTIONS TO DISTRIBUTION SYSTEM																	

Total number of acres irrigated _____

11. In which county (ies) are lands listed above as place of use located? BANNOCK

12. Do you own the property listed above as place of use? Yes _____ No ☒
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.
ANOTHER WELL (29-7370) & FOUR SPRINGS (SEE BELOW) or None ()

14. Remarks: CRYSTAL SPRINGS WATER RIGHTS (29-00200)/(29-00201)/(29-00202)/(29-00204)

COMBINED TA. CLAIM

Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License _____ Permit _____

Decree ☒

If applicable provide IDWR Water Right Number 29-00200, 29-00201, 29-00202

Court 5TH DISTRICT Case Number _____ Decree Date JUL 1, 1921

Plaintiff vs Defendant UNION GRAIN & ELEVATOR VS McCAMMON DITCH COMPANY

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 do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____ Date _____

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am MAYOR _____

Title

of CITY OF McCAMMON _____, that I have signed the foregoing

Organization

document in the space below as MAYOR of CITY OF McCAMMON

Title

Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Martell Gunter

Title and Organization MAYOR, CITY OF McCAMMON Date _____

State of Idaho/or _____)
County of Bannock) SS.

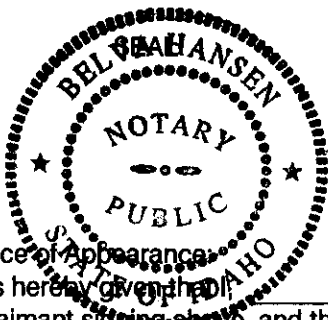
Subscribed and sworn (or affirmed) before me this 12 day of July 19 2001

Notary Public Belva Hansen

Residing at McCammon

My Commission Expires 10-26-01

Please Print Name



17. Notice of Appearance

Notice is hereby given that _____ will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

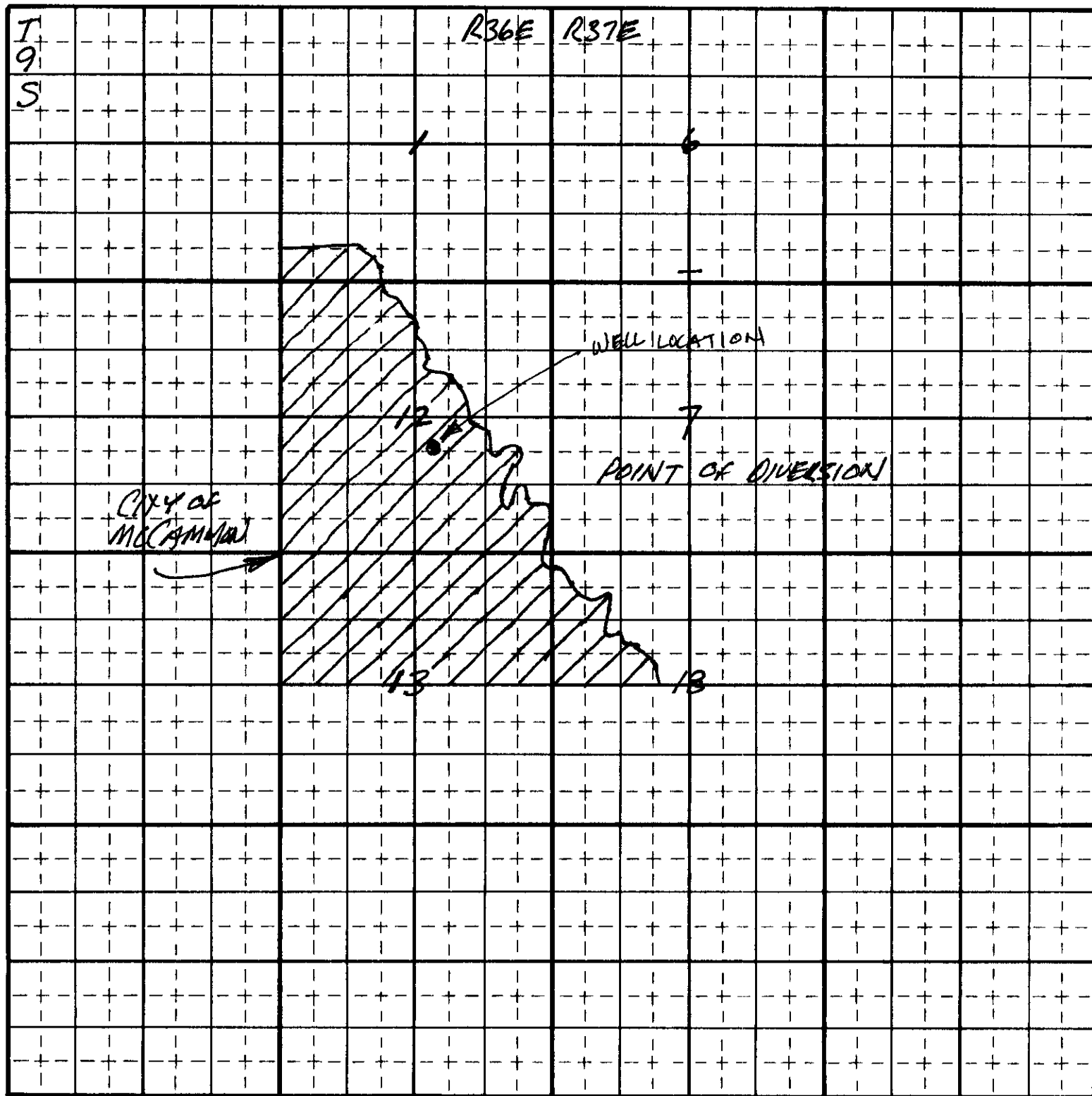
Date _____

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

