

JUL 18 2001

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: A27-07007C
Date Received: 2/13/1991
Receipt No: X777777
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

A2707007C



1. Name: J BLAINE SHOEMAKER
Address: PO BOX 41
BLACKFOOT ID 83221

2. Date of Priority: MAY 18, 1969

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	36E	4	SW	NE			BINGHAM

5. Description of diverting works:
WELL, PUMP & PIPELINE.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	03/01	10/31	3.130		836.50

7. Total Quantity Appropriated is:
3.130 C.F.S. (and/or) 836.50 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	36E	4	NE	NE		IRR	35.0
			NW	NE		IRR	35.0
			SW	NE		IRR	39.0
			SE	NE		IRR	35.0
			SW	NW		IRR	1.0

10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	36E	4	SE	NW		IRR	17.0
			NE	SW		IRR	34.0
			NW	SW		IRR	9.0
			SW	SW		IRR	1.0
			SE	SW		IRR	11.0
			NW	SE		IRR	22.0
						Section Acres	239.0
						Total Acres	239.0

11. Place of use in counties: BINGHAM

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:

14. Remarks:

TRANS. 2839.

REINSTATED 7/15/1974.

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: _____