

MAY 14 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: A29-07716B

Date Received: 4/ 5/1990

Receipt No: X777777

Received By: _____

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

1. Name: VAUGHN APPLEBEE 208-238-1087
Address: 1384 W. SYPHON RD
POCATELLO ID 83202

OR

Name: PATRICIA APPLEBEE 208-238-1087
Address: 1384 W. SYPHON RD
POCATELLO ID 83202

2. Date of Priority: MAY 31, 1983

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
06S	33E	2	NE	NW	NW		POWER

5. Description of diverting works:
WELL, PUMP, TANK, LINES & TROUGHS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.010		0.10
DOMESTIC	01/01	12/31	0.030		0.60

7. Total Quantity Appropriated is:
0.030 C.F.S. (and/or) 0.70 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC FOR ONE HOME

MICROFILMED

NOV 13 1992

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
06S	33E	2	NW	NW		STOCK	
			NW	NW		DOMEST	

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:

NONE

14. Remarks:

NOTICE IS RESULT OF CHANGE IN OWNERSHIP FOR A PORTION
OF A29-07716, PAID UNDER RECEIPT E012892. EMC 08-27-92.

*

INFORMATION PROVIDED BY VAUGH JENSEN (A29-07716A) INDICATES
BLAIR WILCOX HAS PURCHASED THIS HOME FROM MR. APPLEBEE AND MR.
JENSEN BOUGHT WILCOX'S INTEREST IN THE WELL. CONSEQUENTLY MR.
WILCOX WILL HAVE TO DRILL A NEW WELL FOR HIS DOMESTIC USE.

EMC 08-27-92.

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: _____

MICROFILMED

NOV 13 1992

State of Idaho)
) SS.
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

MICROFILMED
NOV 13 1992