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DEPARTMENT OF
WATER RESOURCES

JUNE 4, 2006

MONICA -

THANK YOU FOR ALL YOUR WORK. IF
THERE ARE ANY QUESTIONS - OR IF I
FORGOT ANYTHING ~~ELSE~~ PLEASE LET ME
KNOW.

LINDA Z

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 67-4098C
Date Received: 12/8/1989
Receipt No: X999999
Received By:

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

1. Name of Claimant(s)

LINDA SHELLEY ZACHARIN Phone: (415)999-8796

2120 MILL RD
NOVATO CA USA 94947

MICHAEL WAYNE ANDERSON Phone: (415)999-8796

2120 MILL RD
NOVATO CA USA 94947

2. Date of Priority: 06/01/1930

3. Source: LITTLE WEISER RIVER Trib. to: WEISER RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
13N	01E	6	NW SE	ADAMS	

5. Description of diverting works:

DIV. VIA GRAY'S CK. DITCH W/PUMP FOR SPRINKLER IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	0.34	
STOCKWATER	01/01	12/31	0.007	

7. Total Quantity Appropriated is:
0.347 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
13N	01E	6	NW	SW	IRRIGATION	17
Section Acres						17
Total Acres						17

11. Place of use in counties: ADAMS

12. Do you own the property listed above as place of use? No

13. Other Water Rights Used:

14. Remarks:

CHANGE OF OWNERSHIP

THIS CLAIM IS A RESULT OF A CHANGE IN OWNERSHIP FOR A PORTION OF CLAIM NO. A67-04098 FEE PAID UNDER RECEIPT NO. W007040.
RDH 12/19/94.

15. Basis of Claim: Statutory Claim

16. Signature(s)

Linda Shelley Tachan

Michael Anderson

(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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

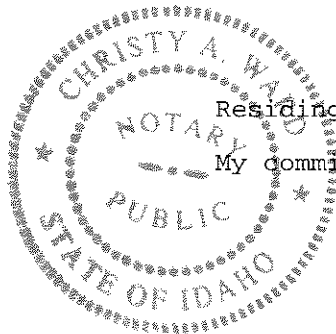
For Individuals:

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

Signature of Claimant(s): Linda Shelley Zachary Date: 5-30-06
Michael Anderson 5-30-06 Date: _____

State of Idaho)
County of Adams) SS.

Subscribed and sworn (or affirmed) before me this 30th day
of May 2006



Residing at Indian Valley, Idaho

My commission Expires 9-17-10