

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 22-13506
Date Received: 5/3/2006
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

FREMONT-MADISON IRRIGATION DISTRICT Phone: (208)624-3381

PO BOX 15
ST ANTHONY ID USA 83445

2. Date of Priority: 04/23/1969

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07N	39E	34	SW SW	MADISON	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	01/01	12/31	530	220000

7. Total Quantity Appropriated is:
530 C.F.S. and/or 220000 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township Range Section 1/4 of 1/4 Lot Use Acres

11. Place of use in counties:

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

13. Other Water Rights Used:

14. Remarks:

This right is conditioned upon completion of the appropriation in accordance with the statutory procedure for appropriation of water rights. This right remains subject to all conditions set forth in the permit upon which this right is based, and will be subject to all conditions set forth in the license issued by IDWR upon completion of the statutory appropriation process.

This right authorizes the development of up to 40 points of diversion within T6N, R39E; NW¼ of T6N, R40E; T7N, R39E; and the W½ of T7N, R40E; B.M.

15. Basis of Claim: Permit

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 _____