

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: A01-00235B
Date Received: 11/14/1989
Receipt No: X777777
Received By: Emc

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: COMBINED RIGHT
Address:

X, ID 0

2. Date of Priority: JAN 22, 1916

3. Source: COMBINED RIGHT Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
04N	37E	35	NE	NE		1	JEFFERSON

5. Description of diverting works:
GREAT WESTERN CANAL & NEW SWEDEN CANAL CO.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
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7. Total Quantity Appropriated is:
1.620 C.F.S. (and/or) 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
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11. Place of use in counties:

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

13. Other Water Rights Used:
01-0196.

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MICROFILMED
OCT 19 1992

14. Remarks:

TRANS. 1673 P/D NEW SWEDEN CANAL.
P/U INCOMPLETE LANDS OF MR. HARDER.
P/U LANDS UNDER BOTH NEW SWEDEN & WOODVILLE CANAL SYSTEMS.
THIS RIGHT WAS COMBINED WITH RIGHTS 01-00265A & 01-00265B AND
CLAIMED UNDER NOTICE A01-10208.

15. Basis of Claim:

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: _____

State of Idaho)
County of _____) SS.

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

Notary Public

Seal

Residing at _____
My Commission Expires _____