

SCANNED

OCT 10 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: A75-04385C

Date Received: 4/23/1990

Receipt No: X777777

Received By: _____

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

1. Name: JOSHUA J MILLER 208-865-2361
Address: BOX 203
NORTHFORK ID 83466

AND/OR

Name: ANGELIA MILLER 208-865-2361
Address: BOX 203
NORTHFORK ID 83466

2. Date of Priority: APR 17, 1923

3. Source: WALLACE CREEK Trib. to: SALMON RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
22N	21E	1	NE	NE	SW		LEMHI

5. Description of diverting works:
ROCK DIV. DAM WITH GRAVITY FEED PIPE AND SPRINKLER SYSTEM.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	10/15	0.680		

7. Total Quantity Appropriated is:
0.680 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
22N	22E	6	NE	NW	4	IRR	10.0

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10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
22N	22E	6	NW	NW	5	IRR	13.0
Section Acres							23.0
23N	22E	31	SW	SW	10	IRR	8.0
			SE	SW	11	IRR	4.0
Section Acres							12.0
Total Acres							35.0

11. Place of use in counties: LEMHI

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

13. Other Water Rights Used:
TWO EARLY DECREED RIGHTS.

14. Remarks:

15. Basis of Claim: STATUTORY 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: _____