

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 22-13134
Date Received: 8/24/00
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

Name: TETON RAINBOW RANCH INC Phone: (208)787-2445 ²⁴²⁵

Address: C/O LARRY KUNZ
721 S 450 W
VICTOR ID 83455

2. Date of Priority: 06/01/1892

3. Source: PARADISE CREEK Trib. to: Teton River

4. Point of Diversion:

Township	Range	Section 1/4 of 1/4 of 1/4	Lot	County
04N	45E	30	NE NE	TETON

5. Description of diverting works:

PUMP, PIPELINE AND SPRINKLER SYSTEM.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/15	10/15	0.87	

7. Total Quantity Appropriated is:
0.87 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
04N	45E	29	SW NW NW SW	IRRIGATION IRRIGATION	10 30
				Section Acres	40
04N	45E	30	SE NE NE SE	IRRIGATION IRRIGATION	20 40
				Section Acres	60
				Total Acres	100

11. Place of use in counties: TETON

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

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13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Decreed

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

_____, 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 _____