

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: **A22-07207B**
Date Received: 3/17/1989
Receipt No: X777777
Received By: _____

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

1. Name: RIVERSIDE FARMS
Address: 1908 E 500 N
ST ANTHONY ID

83445

George 9490
208-624-7278

A2207207B



2. Date of Priority: FEB 9, 1977

3. Source: GROUNDWATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
07N	41E	13	SW	SE			FREMONT

5. Description of diverting works:

640'; 20" DIA; 450HP. MAINLINES, LATERIALS, AND SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	10/15	2.050		549.50

7. Total Quantity Appropriated is:

2.050 C.F.S. (and/or) 549.50 A.F.A.

8. Total consumptive use is

392.5 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
07N	41E	13	SW	SW		IRR	39.0
			SE	SW		IRR	39.0

MICROFILMED

NOV 06 1996

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	78.0
		14	SW	NE	IRR	20.0
			SE	NE	IRR	32.0
			NE	SE	IRR	13.0
			SE	SE	IRR	14.0
					Section Acres	79.0
					Total Acres	157.0

11. Place of use in counties: FREMONT

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

13. Other Water Rights Used:

14. Remarks:

PAID ON RECEIPT E006191

15. Basis of Claim: LICENSE

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: _____