

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

LATE CLAIM

Ident. Number 67-14890
Date Received: 8/15/2007
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

NANCY E HAWKINS Phone: (619)473-9776

PO BOX 624
PINE VALLEY CA USA 91962

2. Date of Priority: 06/01/1890

3. Source: SPRINGS , SPRINGS , SPRINGS , SPRINGS , SPRINGS Trib. to: SINKS , SINKS ,
SINKS , SINKS , SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
17N	01W	2	SE SW	ADAMS	
17N	01W	2	SE SW	ADAMS	
17N	01W	2	SE SW	ADAMS	
17N	01W	2	SE SW	ADAMS	
17N	01W	2	SE SW	ADAMS	

5. Description of diverting works:

4 SPRINGS FROM POND. THERE ARE 4 ADDITIONAL SPRINGS GOING NORTH FROM POND.

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
IRRIGATION STORAGE	01/01 12/31		1.25
IRRIGATION FROM STORAGE	03/15 11/15	0.05	

7. Total Quantity Appropriated is:

0.05 C.F.S. and/or 1.25 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
17N	01W	2	SE	SW	IRRIGATION STORAGE	
			SE	SW	IRRIGATION FROM STORAGE	2.5
					Section Acres	2.5
					Total Acres	2.5

11. Place of use in counties: ADAMS

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

13. Other Water Rights Used:

14. Remarks:

Claim was generated so Nancy Hawkins could petition court. Claim is temporary until approved by court. mvanbussum 8-15-2007

Other water rights: Temporary claim 67-14889 and claim 67-79B.

Approximate pond dimensions: 50 feet wide x 100 feet long x 10 feet deep.

15. Basis of Claim: Beneficial Use

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
of _____ 20____

Notary Public

Residing at _____

My commission Expires _____