

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 75-14095
Date Received: 4/24/2003
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DERROLD SLAVIN Phone: (208)756-3442

PO BOX41
CARMEN ID USA 83462

SANDY H SIMS Phone: (208)756-6133

PO BOX 686
SALMON ID USA 83467

BARRY MARCUS Phone: (208)342-3563

MARCUS MERRICK CHRISTIAN & HARDEE LLP
737 N 7TH ST
BOISE ID USA 83702

2. Date of Priority: 05/13/1898

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

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
22N	22E	6	NE NW SW	LEMHI	
22N	21E	1	NE NE SW	LEMHI	

5. Description of diverting works:

ROCK DIVERSION 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	4/01	11/01	0.2	

7. Total Quantity Appropriated is:
0.2 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
22N	21E	1	NE	NE	1	IRRIGATION
						1.6
						Section Acres
						1.6
22N	22E	6	NW	NE	3	IRRIGATION
			SW	NE	9	IRRIGATION
			NE	NW	4	IRRIGATION
			NW	NW	5	IRRIGATION
			SE	NW		IRRIGATION
						9.6
						Section Acres
						51.9
23N	21E	36	SE	SE		IRRIGATION
						1.1
						Section Acres
						1.1
23N	22E	31	SW	SW	10	IRRIGATION
			SE	SW	11	IRRIGATION
						9.1
						7.2
						Section Acres
						16.3
						Total Acres
						70.9

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:

15. Basis of Claim: Decreed

(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:

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)
) SS.
County of)

Subscribed and sworn (or affirmed) before me this

of 20

Notary Public

Residing at

My commission Expires