

OCT 14 2008

DEPARTMENT OF
WATER RESOURCES

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 47-17489
Date Received: 5/28/2008
Receipt No: C087439
Received By:

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

1. Name of Claimant(s)

GLENN GARY NELSON
2621 N 2800 E
TWIN FALLS ID USA 83301

Phone: (208)655-4224

SHIRLEY NELSON
2621 N 2800 E
TWIN FALLS ID USA 83301

Phone: (208)655-4224

2. Date of Priority: 09/27/1960

3. Source: GROUND WATER , GROUND WATER Trib. to: ,

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
12S	17E	17	SW SW	TWIN FALLS	
12S	17E	18	SE SE	TWIN FALLS	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	1.24	

7. Total Quantity Appropriated is:
1.24 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Ident. Number: 47-17489

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
12S	17E	17	NW	SW	IRRIGATION	39
			SW	SW	IRRIGATION	35
Section Acres						74
12S	17E	18	NE	NE	IRRIGATION	39
			NW	NE	IRRIGATION	38
			SW	NE	IRRIGATION	40
			SE	NE	IRRIGATION	40
			NE	SE	IRRIGATION	39
			SE	SE	IRRIGATION	35
Section Acres						231
Total Acres						305

11. Place of use in counties: TWIN FALLS

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

13. Other Water Rights Used: 47-2286

14. Remarks:

THIS CLAIM IS FOR ADDITIONAL FLOW RATE AS EVIDENCED BY THE FIELD EXAM DONE ON 9/27/1960 FOR 47-2286.

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 X do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Ident. Number 47-17489

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) *Alvin Henry Nelson* Date: 10-10-2008
Debbie Drake Date: _____

State of Idaho)
County of Twin Falls) SS.

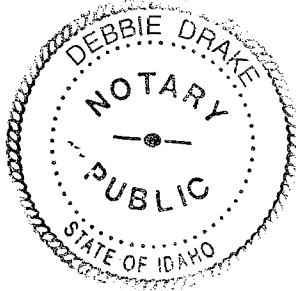
Subscribed and sworn (or affirmed) before me this
of Oct. 2008

10th day
Debbie Drake

Notary Public

Residing at _____

My commission Expires _____



Residing at: Twin Falls, Idaho
Commission Expires: 04-13-2012