



MICROFILMED

OCT 01 1992

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: A67-00045
Date Received: 12/18/1989
Receipt No: 4007328
Received By: RAI

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: STEVE SHUMWAY 208-253-4409
Address: HWY 95, BOX 2405
COUNCIL, ID 83612

AND/OR
Name: ELSIE SHUMWAY 208-253-4409
Address: HWY 95, BOX 2405
COUNCIL, ID 83612

2. Date of Priority: JUN 01, 1905

3. Source: WEISER RIVER Trib. to: SNAKE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
17N	01W	3	NW	SW			ADAMS

5. Description of diverting works:
FARMERS CANAL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.140		

7. Total Quantity Appropriated is:
0.140 C.F.S. (and/or) A.F.A.

8. Total consumptive use is 21.0 Acre Feet Per Annum.

9. Non-irrigation uses:

A67-00045

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Date: 01/02/90

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
17N	01W	27	SE	SE		IRR	7.0
Section Acres							7.0
Total Acres							7.0

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:

THIS WATER CARRIED IN THE FARMERS CANAL.

15. Basis of Claim: DECREED

Case Number:

Court :

Decree date:

JOHN T. MUIR

Decree Plaintiff

vs

WILLIAM ALLISON

Decree Defendant

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: 1

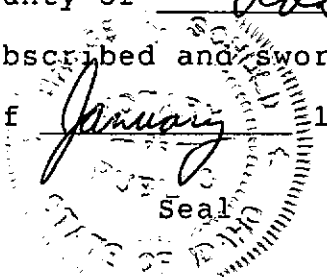
For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): *[Signature]* Date: 12-22-90
Date:

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 2 day
of January 19 90 *[Signature]*
Notary Public



Residing at
My Commission Expires MY COMMISSION EXPIRES APRIL 11, 1995

