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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 67-14376
Date Received: 9/3/2002
Receipt No: W029665
Received By:

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

1. Name of Claimant(s)

GEORGE WESTFALL Phone: (208)257-3512
PO BOX 185
CAMBRIDGE ID USA 83610

MARGARET WESTFALL Phone: (208)257-3512
PO BOX 185
CAMBRIDGE ID USA 83610

2. Date of Priority: 04/15/1889

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
14N	03W	11	NE SW	WASHINGTON	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

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

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
14N	03W	11	NE SW	DOMESTIC	

11. Place of use in counties: WASHINGTON

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

13. Other Water Rights Used:

14. Remarks:

This is the primary well for domestic use at one house.

15. Basis of Claim: Beneficial Use

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**NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.**

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) MARGARET ^{AND} GEDGE WESTRALL Phone (208) 257-3512

Mailing Address P.O. BOX 185, CAMBRIDGE, ID Zip 83610

2. Date of Priority (Only one per claim) 4/15/1889 Month/Day/Year

3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
Name or kind of source
which is tributary to (b) _____

4. Location of point of diversion is: Township 14N Range 3W
Section 11 E 1/2 of 11E 1/4 of SW 1/4, Govt. Lot _____, BM.,
County of WASHINGTON

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well. 50' WELL, PUMP

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For DOM. purposes from 1/1 Month/Day to 12/31 Month/Day amount 0.04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 HOME

10. Place of use is: Township: 14 N Range 3 W
Section 11 NE 1/4 SW 1/4, Govt. Lot _____ B.M.,
County of WASH. for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

11. In which county (ies) are lands listed above as place of use located? WASH

12. Do you own the property listed above as place of use? Yes X No _____

If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.

14. Remarks: This is the primary well for domestic use at one house

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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 do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

MCW Signature of Claimant (s) Margaret Westfall Date 9/6/02
_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____ that I have signed the foregoing

document in the space below as _____ of _____

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____ } SS.

County of Washington }

Subscribed and sworn (or affirmed) before me this 6th day of September 2002

SEAL

Notary Public Bonnie A Fisk

Residing at Council, Id

My Commission Expires 11/21/03

Last Name _____ Ident No. _____