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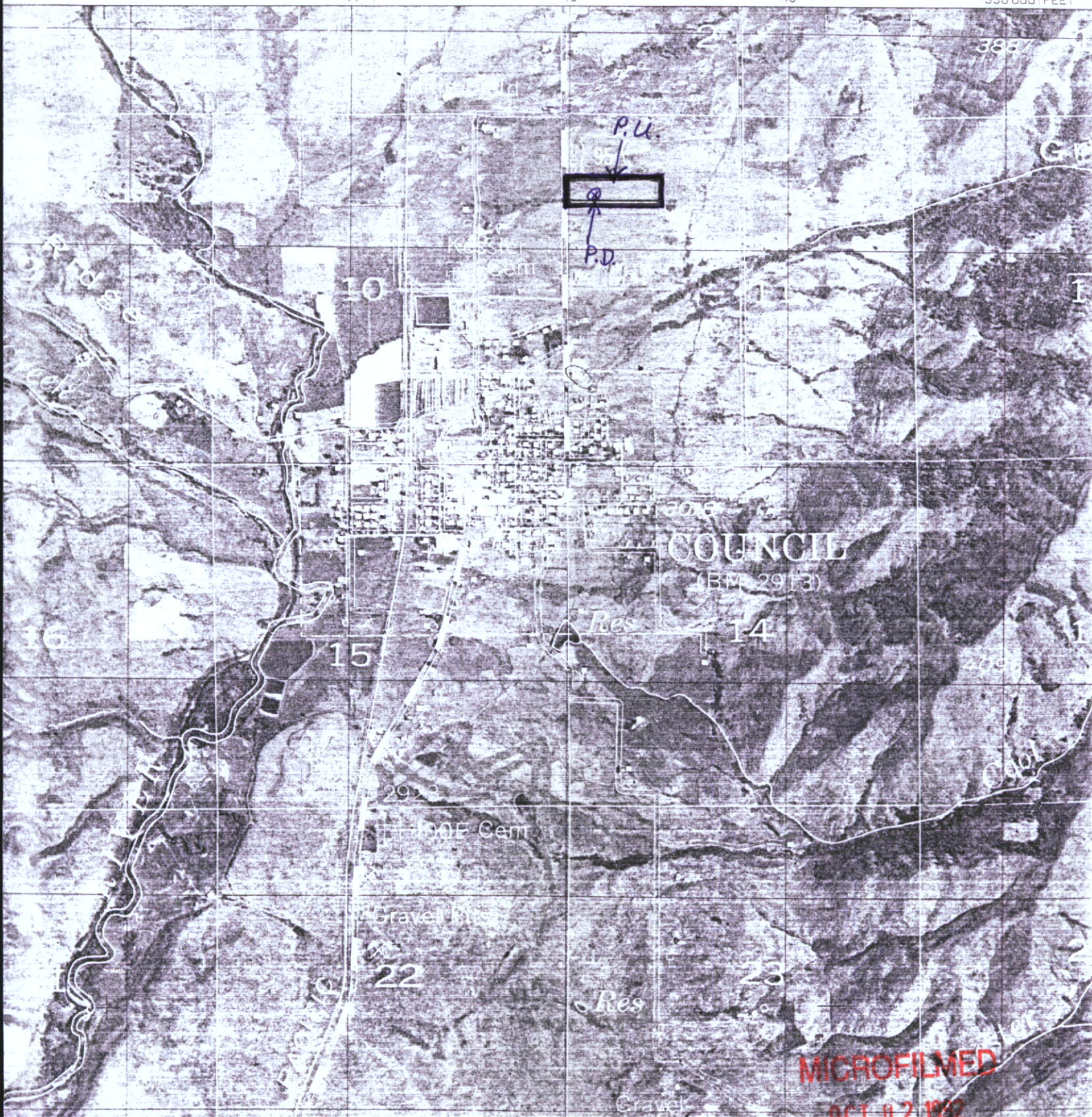
27' 30"

544

545

546 25'

330 000 FEET



MICROFILMED

OCT 11 2 1942

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: A67-04419
Date Received: 10/20/1989
Receipt No: C012448
Received By: CA

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: OPAL SHELTON 208-253-4851
Address: HC 62, BOX 1560
COUNCIL, ID 83612

2. Date of Priority: JUN 01, 1964

3. Source: SPRINGS Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
16N	01W	11	SW	NW	NW		ADAMS

5. Description of diverting works:
SPRING WITH CATCH BASIN, PUMP AND SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.200		
STOCKWATER	01/01	12/31	0.020		
DOMESTIC	01/01	12/31	0.020		

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

8. Total consumptive use is 29.1 Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC, 1 HOME; STOCKWATER, 7 CATTLE AND 2 HORSES

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
16N	01W	11	NW	NW		IRR	7.9

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Date: 10/20/89

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10. Place of Use: Continued

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
16N	01W	11	NW		NW		DOMEST	
			NW		NW		STOCK	
			SW		NW		IRR	1.8
							Section Acres	9.7
							Total Acres	9.7

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:
DOMESTIC WELL

14. Remarks:

15. Basis of Claim: STATUTORY CLAIM

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): *Gal Shilton* Date: *Oct 20, 89*
_____ Date: _____

State of Idaho)
County of *Ada*) SS.

Subscribed and sworn (or affirmed) before me this *20th* day
of *October* 19 *89* *Carter Fritschle*
Notary Public

Seal

Residing at _____

My Commission Expires _____

Carter Fritschle, Notary Public
Residing at Eagle, Idaho
My Commission Expires March 21, 1994

T 16N
R 1W

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27' 30"

544

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546 25'

330 000 FEET

