



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: A67-00245
Date Received: 10/19/1989
Receipt No: W006402
Received By: LE JON

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JAMES L. BUMGARNER 208-257-3422
Address: 2934 HWY 71
CAMBRIDGE, ID 83610

2. Date of Priority: JUN 01, 1900

3. Source: RUSH CREEK Trib. to: WEISER RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
15N	03W	34	SW		NW		WASHINGTON

5. Description of diverting works:
HEADGATE AND GRAVITY DITCH.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.380		876.00

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

8. Total consumptive use is 876.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
14N	03W	3	NW	NW	4	IRR	40.0
			SW	NW		IRR	40.0
			NW	SW		IRR	35.0
Section Acres							115.0

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10. Place of Use: Continued

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
14N	03W	4	NE		NE	1	IRR	35.0
			NW		NE	2	IRR	40.0
			SW		NE		IRR	20.0
			SE		NE		IRR	37.0
							Section Acres	132.0
15N	03W	34	NW		SW		IRR	10.0
			SW		SW		IRR	35.0
							Section Acres	45.0
							Total Acres	292.0

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:

67-10795, 10796, 0272, 0263, 0244, 0261, 0264, 4045

14. Remarks:

MAX. IRR. ACRE UNDER THIS RIGHT=292.
TRANS.#1955.

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: _____

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): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____
My Commission Expires _____

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RECEIVED
OCT 19 1989

Department of Water Resources
Western Regional Office

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JOHN T. MUIR

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WILLIAM ALLISON

Decree Defendant

16. Signature(s)

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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): *James Benjamin* Date: 10-18-89

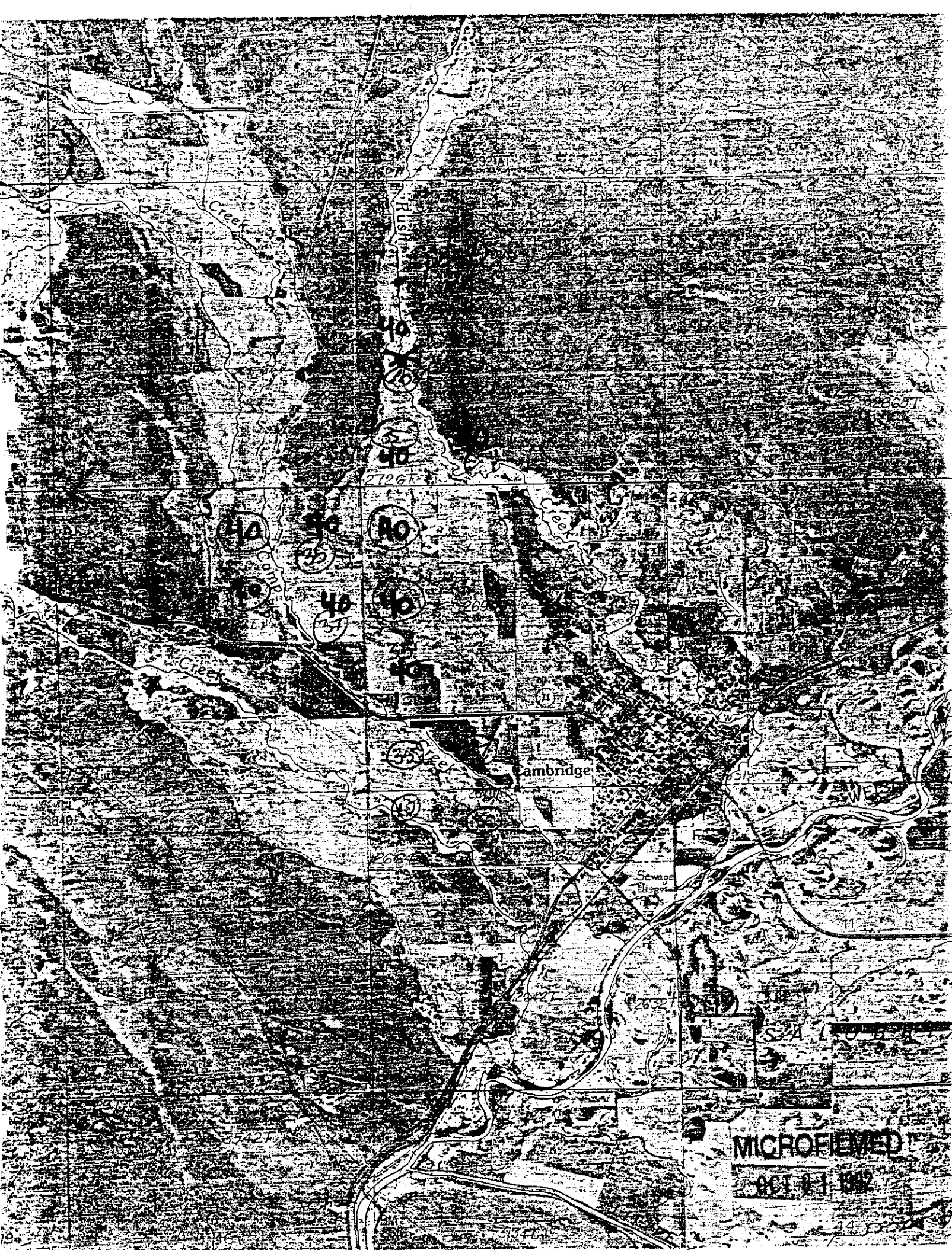
Date: _____

State of Idaho)
County of Washington) SS.

Subscribed and sworn (or affirmed) before me this 18TH day
of October 19 89 *B. G. Soules*
Notary Public

Seal

Residing at Cambridge
My Commission Expires 8-21-91



1/30/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME

Burgman

CLAIM IDENT. NO.

A67-00245

DATE RECEIVED

11/12/89

CK #

4006402

AMOUNT \$

—

YES

NO

Required
Info?

1. Is the name and address complete with zip code? ☒ YES ☐ NO ☐ Required Info? *
2. Is a priority date entered? ☒ YES ☐ NO ☐ Required Info? *
- Is the priority date acceptable in view of mandatory filing dates?
See Adjudication Memos #1 and #4 to determine if a Permit is required. ☒ YES ☐ NO ☐ Required Info? *
3. (a) Is a source entered? ☒ YES ☐ NO ☐ Required Info? *
- (b) Is a tributary to entered? (if required) ☒ YES ☐ NO ☐ Required Info? *
4. Is the legal description of the p.d. sufficient? ☒ YES ☐ NO ☐ Required Info? *
5. Is there a description of the diverting works? ☒ YES ☐ NO ☐ Required Info? *
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. ☒ YES ☐ NO ☐ Required Info? *
- Is the period of use included? ☒ YES ☐ NO ☐ Required Info? *
- Is a quantity claimed for each use? ☒ YES ☐ NO ☐ Required Info? *
7. Is a total quantity claimed entered? ☒ YES ☐ NO ☐ Required Info? *
8. If required is a consumptive use entered? ☒ YES ☐ NO ☐ Required Info? *
- Is the consumptive use correct? ☒ YES ☐ NO ☐ Required Info? *
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. ☒ YES ☐ NO ☐ Required Info? *
10. Is (are) the place(s) of use and purpose(s) indicated? ☒ YES ☐ NO ☐ Required Info? *
11. Is (are) the county(ies) entered? ☒ YES ☐ NO ☐ Required Info? *
12. Is the ownership of p.u. checked? ☒ YES ☐ NO ☐ Required Info? *
13. Are other water rights listed or "none" indicated? ☒ YES ☐ NO ☐ Required Info? *
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) ☒ YES ☐ NO ☐ Required Info? *
15. Is the basis of the claim indicated? ☒ YES ☐ NO ☐ Required Info? *
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) ☒ YES ☐ NO ☐ Required Info? *
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☒ YES ☐ NO ☐ Required Info? *
18. Has the claim been signed, sealed, and dated by a notary? ☒ YES ☐ NO ☐ Required Info? *
19. Was this claim filed on time, or was an extension granted? ☒ YES ☐ NO ☐ Required Info? *
20. Is the fee enclosed correct? ☒ YES ☐ NO ☐ Required Info? *
21. If this claim is based on an existing water right, has the identification number been entered? ☒ YES ☐ NO ☐ Required Info? *
22. Should this claim be receipted and data entered? ☒ YES ☐ NO ☐ Required Info? *

Claim checked by:

Bruce

Date:

11/15/89

Claim must be returned to claimant:

(Yes) ☒ (No) ☐

Claimant must be notified of modifications:

(Yes) ☒ (No) ☐

Receipt Prepared by:

Date:

Claim data entered by:

Date:

Sent to claimant by:

Date:

Checked by:

Date:

Comments:

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