

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: A35-07530  
Date Received: 5/12/1989  
Receipt No: 6007349  
Received By: 82

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: STANLEY PIERCE 208-523-6165  
Address: 2770 ROMRELL LANE #1  
IDAHO FALLS, ID 83406  
OR  
Name: DORRIS PIERCE 208-523-6165  
Address: 2770 ROMRELL LANE #1  
IDAHO FALLS, ID 83406

2. Date of Priority: AUG 29, 1975

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County  |
|----------|-------|---------|--------|--------|--------|-----|---------|
| 06S      | 31E   | 3       | SE     | NE     | NE     | 1   | BINGHAM |

5. Description of diverting works:  
40'X18" WELL W/ 125HP TURBINE INTO MAIN./HANDLINES/WHEELINES

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S | (or) | A.F.A. |
|------------|-------|-------|-------|------|--------|
| IRRIGATION | 04/01 | 11/01 | 2.960 |      |        |

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

8. Total consumptive use is 444.0 Acre Feet Per Annum.

9. Non-irrigation uses:  
NONE

A35-07530

Page 1

Date: 05/12/89

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DEC 10 1992



10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use           | Acres |
|----------|-------|---------|--------|-----|-----|---------------|-------|
| 06S      | 31E   | 3       | NE     | NE  | 1   | IRR           | 38.0  |
|          |       |         | NW     | NE  | 2   | IRR           | 38.0  |
|          |       |         | SW     | NE  |     | IRR           | 36.0  |
|          |       |         | NE     | NW  | 3   | IRR           | 36.0  |
|          |       |         |        |     |     | Section Acres | 148.0 |
|          |       |         |        |     |     | Total Acres   | 148.0 |

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:  
ABERDEEN SPRINGFIELD CANAL CO.

14. Remarks:  
THIS RT. WHEN COMBINED WITH ALL OTHER RTS. SHALL PROVIDE NO MORE  
THAN 0.02 CFS/AC NOR MORE THAN 3.5 AFA/AC FOR THE LANDS ABOVE.

15. Basis of Claim: LICENSE

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): Stanley Puerie Date: 5/12/89  
\_\_\_\_\_  
Date: \_\_\_\_\_

State of Idaho )  
County of Bonneville ) SS.

Subscribed and sworn (or affirmed) before me this 12 day

of May 19 89

Seal

[Signature]  
Notary Public

Residing at Idaho Falls, Id

My Commission Expires 22 Aug 1994

USE TYPEWRITER OR  
BALL POINT PEN

State of Idaho  
Department of Water Resources

WELL DRILLER'S REPORT

RECEIVED

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

FEB 1 1978

| <b>1. WELL OWNER</b><br>Name <u>Stanley Pierce</u><br>Address <u>Aberdeen Idaho, 83210</u><br>Owner's Permit No. <u>35-7530</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>7. WATER LEVEL</b><br>Eastern District Office<br>Static water level <u>3</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow <u>100</u><br>Temperature <u>5</u> ° F. Quality <u>Good</u><br>Artesian closed in pressure <u>5</u> p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Gas Motor Plug                                               |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|--------------|--|----------|--------------|------|----|--|---|---|---------|--|---|---|----|-----------------|--|--|----|----|-------------|---|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Other<br>Discharge G.P.M. Draw Down Hours Pumped                                                                                                                                                                                                                                                                                             |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
| <b>3. PROPOSED USE</b><br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type)<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water Yes/No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td>0</td><td>8</td><td>Topsoil</td><td></td></tr><tr><td></td><td>8</td><td>12</td><td>lava rock, gray</td><td></td></tr><tr><td></td><td>12</td><td>40</td><td>broken lava</td><td>X</td></tr></tbody></table> |                 | Hole Diam. | Depth        |  | Material | Water Yes/No | From | To |  | 0 | 8 | Topsoil |  |   | 8 | 12 | lava rock, gray |  |  | 12 | 40 | broken lava | X |  |                                                                                                                                                                                                                                                                          |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Material        |            | Water Yes/No |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0     | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Topsoil         |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8     | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lava rock, gray |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12    | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                              | broken lava     | X          |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>18</u> inches Total depth <u>40</u> feet<br>Casing schedule <input type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness Diameter From To<br><u>250</u> inches <u>18</u> inches <u>+ 1</u> feet <u>20</u> feet<br>inches inches feet feet<br>inches inches feet feet<br>inches inches feet feet<br>inches inches feet feet<br>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation inches by inches<br>Number From To<br>perforations feet feet<br>perforations feet feet<br>perforations feet feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name<br>Type Model No.<br>Diameter Slot size Set from feet to feet<br>Diameter Slot size Set from feet to feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel<br>Placed from feet to feet<br>Surface seal depth <u>18</u> Material used in seal <input type="checkbox"/> Cement grout<br><input type="checkbox"/> Pudding clay <input checked="" type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Sherry pit <input type="checkbox"/> Temporary surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table><br>County <u>Bingham</u><br>Subdivision Name<br>Lot No. Block No.<br><u>NE 1/4 NE 1/4 Sec. 3 T. 6 S. R. 3 E</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       | N                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |            |              |  |          |              |      |    |  | W |   |         |  | E |   |    |                 |  |  |    |    |             |   |  | <b>11. DRILLER'S CERTIFICATION</b><br>Work started finished<br>Firm Name <u>Paul Vollmer &amp; Son</u> Firm No. <u>67</u><br>Address <u>Aberdeen Id</u> Date <u>1-31-78</u><br>Signed by (Firm Official) <u>Paul Vollmer Jr</u><br>and<br>(Operator) <u>Gary Vollmer</u> |  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | E          |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |            |              |  |          |              |      |    |  |   |   |         |  |   |   |    |                 |  |  |    |    |             |   |  |                                                                                                                                                                                                                                                                          |  |

## WATER RIGHT LICENSE

THIS IS TO CERTIFY, that Stanley Pierce

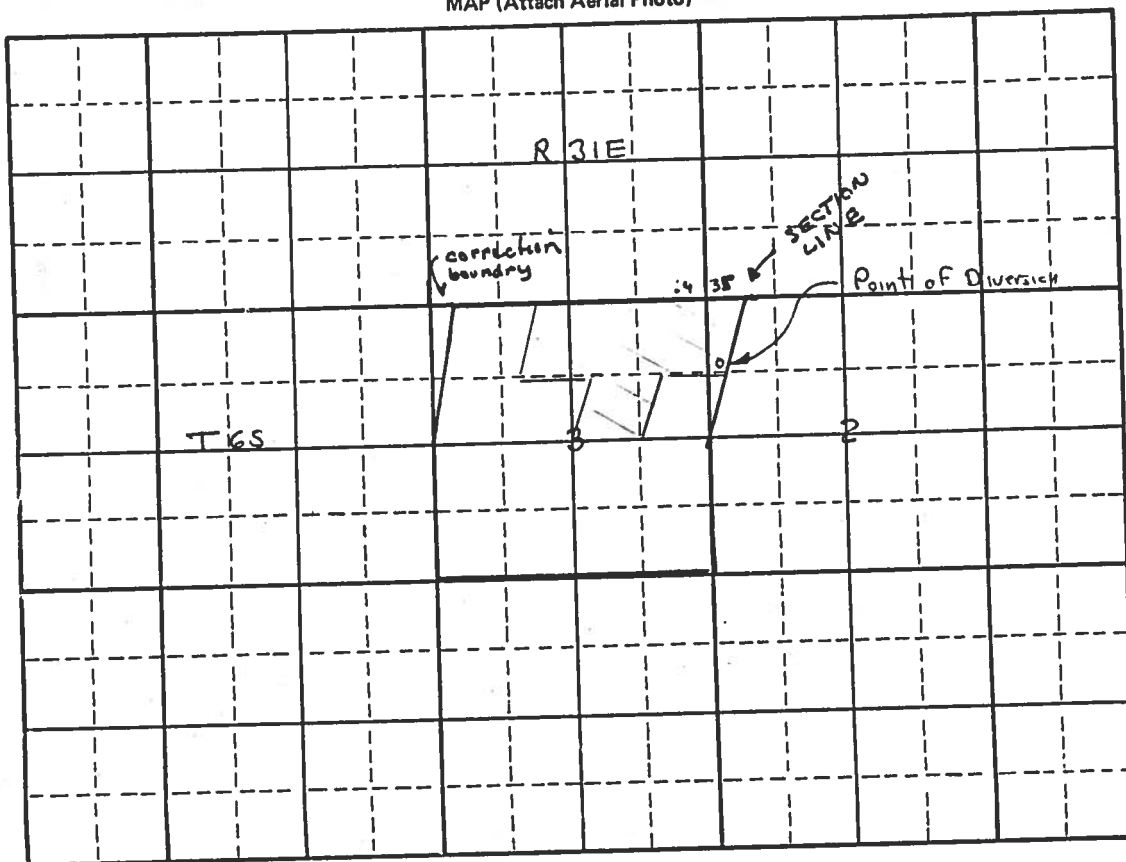
**Description and location of place of use:**

Total number of acres irrigated 148

Witness the seal and signature of the Director, affixed at Boise, Idaho, this 15  
DECEMBER, 1983.

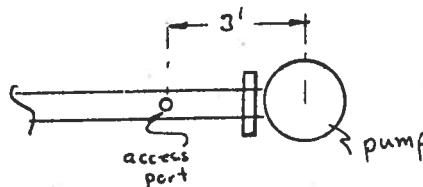
**MICROFILMED**  
DEC 10 1992

# MAP (Attach Aerial Photo)



## SCHEMATIC DIAGRAM OF SYSTEM

(Include distance from pump to measuring device, if applicable.)



Point(s) of diversion: \* GLI (NENE) Sec 3 per survey  
~~Lot 4 (NW/4) Sec 2 T 6S R 31E~~

### Place(s) of Use

| TWP. | RGE. | SEC. | NEX |     |     |     | NW  |     |     |     | SW  |     |     |     | SE  |     |     |     | TOTALS |
|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|      |      |      | NEX | NW  | SW  | SE  | NEX | NW  | SW  | SE  | NEX | NW  | SW  | SE  | NEX | NW  | SW  | SE  |        |
| GS   | 31E  | 1/4  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 13     |
|      |      | 3    | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 1/4 | 135    |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|      |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

### Recommended Amendments:

- ☒ Change P.D. as reflected above
- ☐ Change P.U. as reflected above

- ☐ Add P.D. as reflected above
- ☒ Add P.U. as reflected above

- ☐ None
- ☐ Other

Examiner's Signature

Checked by

Approved by

Date

Date

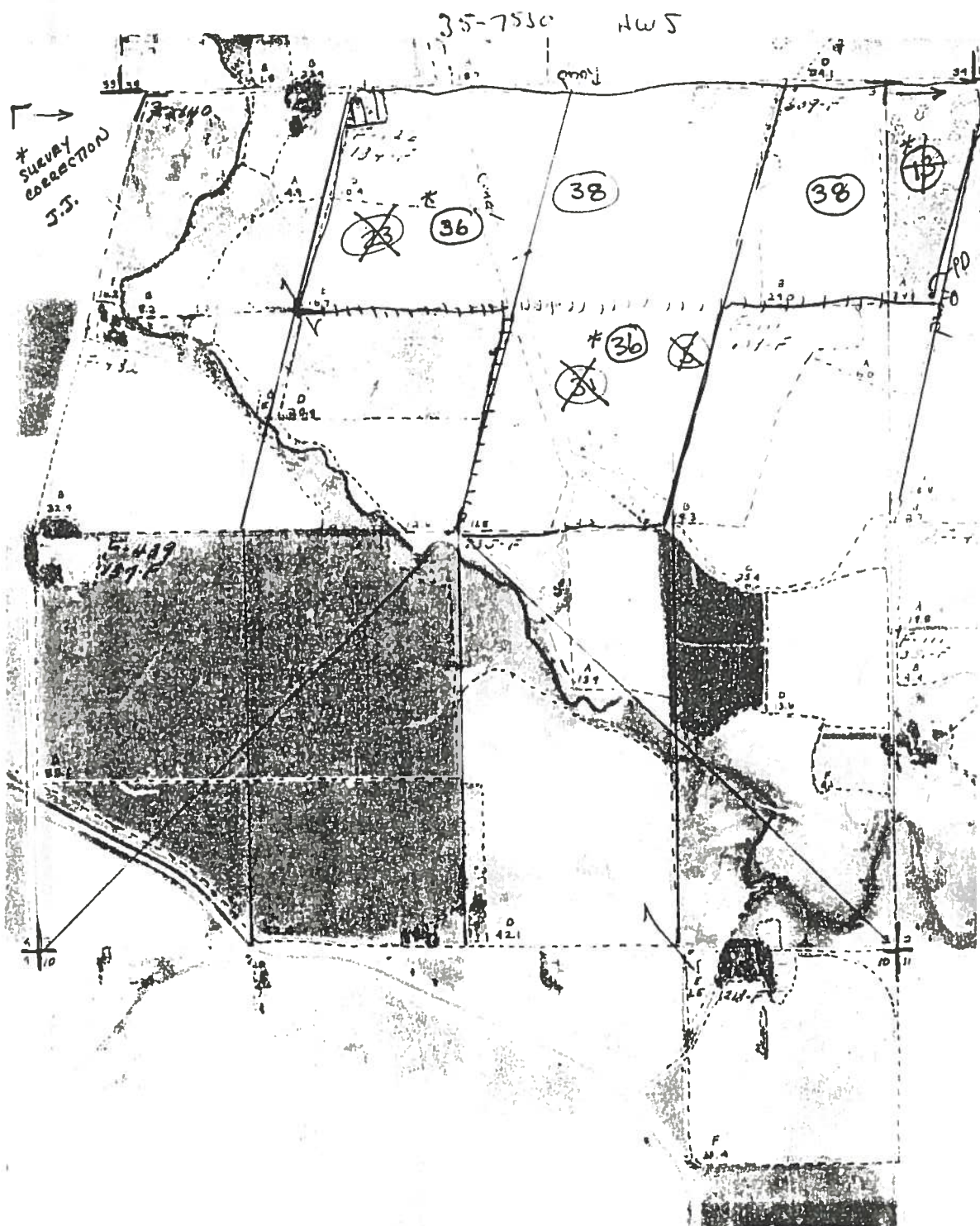
Date

1-18-82

3-12-82

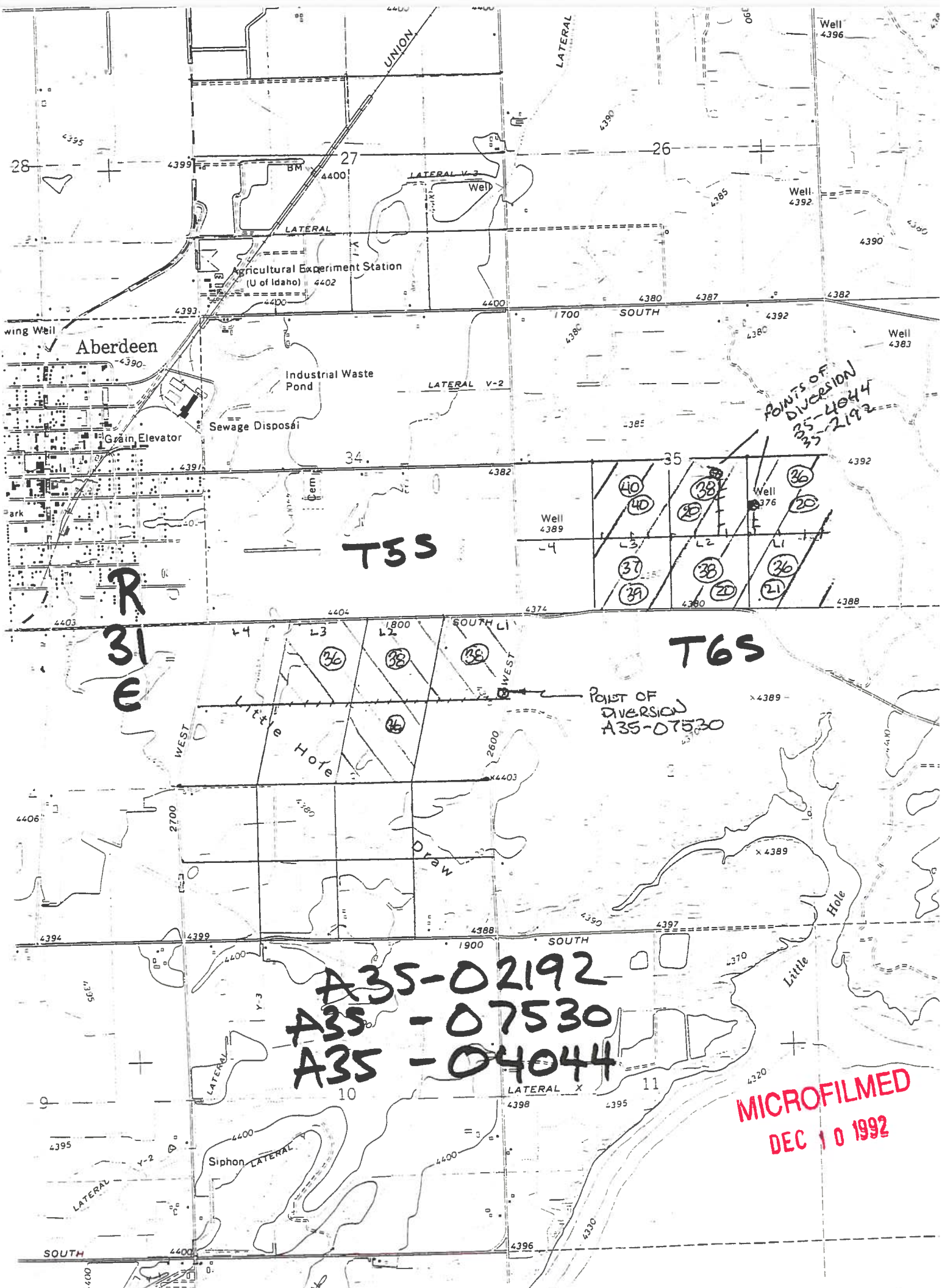
5/24/83

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 DEC 10 1992



NOT TO SCALE

MICROFILMED  
DEC 10 1992



**MICROFILMED**  
**DEC 10 1992**

DELOG AR 2/10/98

STATE OF IDAHO  
IDAHO DEPARTMENT OF WATER RESOURCES  
**NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP**

Please print or type. Attach pages with additional information. Instructions are on the back of this page.  
Incomplete forms will be returned.

1. Water Right Number(s) A35-07530  
Adjudication Claim Number(s) \_\_\_\_\_
2. The following **REQUIRED** information must be submitted with this form.
  - A. A copy of the most recent DEED, TITLE POLICY, CONTRACT OF SALE, or other legal document indicating your ownership of the property and water rights or claims in question, **WITH ATTACHED LEGAL DESCRIPTION.**
  - AND
  - B. PLAT OF PROPERTY or SURVEY MAP for parcel of ten acres or less. (These are usually on file with the county.)
  - OR
  - C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency (formerly ASCS) AERIAL PHOTO with irrigated acres outlined and point(s) of diversion clearly marked.
3. Name and Address of Former Owner/Claimant(s) Stanley Pierce  
\_\_\_\_\_  
\_\_\_\_\_
4. New Owner/Claimant(s) Dwight Horsch  
Name connector (Check one): [ ] AND, [ ] OR, [ ] AND/OR  
New Mailing Address 1911 S. 2700 W.  
  
City, State and ZIP Code Aberdeen, ID 83210  
New Telephone Number (208) 397 - 4925
5. Date you acquired the property October 25th, 1990
6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the space below. If necessary, attach additional pages.  
  
Number of acres actually irrigated \_\_\_\_\_ Number and type of stock \_\_\_\_\_  
  
Diversion rate in CFS \_\_\_\_\_ Number of homes \_\_\_\_\_ Other uses \_\_\_\_\_  
cubic feet per second  
If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right claim, please contact the nearest IDWR office for assistance.
7. Signature of New Owner/Claimant(s) *Dwight Horsch* Date 1-5-98  
\_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_
8. (Corporations or other organizations must submit a list of directors/officers demonstrating authority to sign form.)  
For Snake River Basin Adjudication Claims: If you are represented by an attorney and you want IDWR to correspond directly with your attorney for all matters related to your claims, please attach a Notice of Appearance completed by your attorney.

# CORPORATION DEED

For Value Received

KNUDSEN POOR FARMS, INC., AN IDAHO CORPORATION

a corporation duly organized and existing under the laws of the State of Idaho, grantor, does hereby Grant, Bargain, Sell and Convey unto

DWIGHT W. HORSCH and KATHLEEN<sup>M.</sup> HORSCH, husband and wife

whose current address is

1991 South 2700 West  
Aberdeen, ID 83210

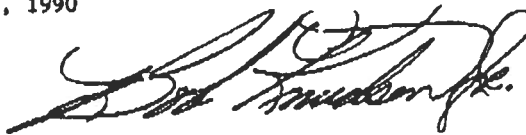
the following described real estate, to-wit:

SEE ATTACHED SCHEDULE A

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever.

IN WITNESS WHEREOF, the Grantor, pursuant to a resolution of its Board of Directors has caused its corporate name to be hereunto subscribed by its President and its corporate seal to be affixed by its Secretary this 25th day of October, 1990

By



PRESIDENT.

ATTEST:

SECRETARY.

STATE OF IDAHO, COUNTY OF Bingham

ON THIS 25th day of Oct. 1990  
before me, a Notary Public in and for said State, personally appeared

~~Robert~~ Knudsen, Jr., known to me to be the President of the corporation that executed this instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

*Wilene P. Meacham*  
Notary Public

Residing at Blackfoot, Idaho  
Comm. Expires 11/16/91

393733

1990 OCT 25 PM 1:31

AT THE REQUEST OF  
AMERICAN LAND TITLE CO., INC.

## SCHEDULE A

## PARCEL I:

Township 6 South, Range 31 East of the Boise Meridian, Bingham County, Idaho, Section 3: SW $\frac{1}{4}$ NE $\frac{1}{4}$ , and Lots 2 and 3; Excepting from said Lot 3 a tract described as: Beginning at the NW corner of Lot 3 of said Section 3; and running thence on a meander line S 14°41' W 203.0 feet along the established West fence boundary line of said Lot 3; thence S 87°52' E 207.6 feet; thence N 14°09' E 45.4 feet; thence N 2°40' E 160.2 feet along a fence line to a point on the North line of said Lot 3; thence West 174.5 feet, more or less, along the North line of said Lot 3 to the Point of Beginning.

## ALSO EXCEPTING:

Commencing at the NW Corner of said Lot 3; thence E along the N line of Lot 3 180 feet; thence Southerly parallel to the W line of said Lot 3 182 feet; thence W parallel with the N line of said Lot 3 180 feet to the W line of Lot 3; thence Northerly along the W line of Lot 3 to the point of beginning.

## PARCEL II:

Township 6 South, Range 31, East of the Boise Meridian, Bingham County, Idaho Section 3: THAT PORTION OF: Commencing at the NW Corner of said Lot 3; thence E along the N line of Lot 3 180 feet; thence Southerly parallel to the W line of said Lot 3 182 feet; thence W parallel with the N line of said Lot 3 180 feet to the W line of Lot 3; thence Northerly along the W line of Lot 3 to the point of beginning.

LYING OUTSIDE THE BOUNDS OF: Beginning at the NW corner of Lot 3 of said Section 3; and running thence on a meander line S 14°41' W 203.0 feet along the established West fence boundary line of said Lot 3; thence S 87°52' E 207.6 feet; thence N 14°09' E 45.4 feet; thence N 2°40' E 160.2 feet along a fence line to a point on the North line of said Lot 3; thence West 174.5 feet, more or less, along the North line of said Lot 3 to the Point of Beginning.

## PARCEL III:

Lot 1, Section 3, Township 6 South Range 31, East of the Boise Meridian, in Bingham County, Idaho EXCEPT therefrom:

Starting at the Northwest corner of Lot 1, Section 3, Township 6 South, Range 31 East of the Boise Meridian, and running thence due South 592 feet; thence due East 108 feet; thence North 592 feet; thence West 108 feet to the Point of Beginning.

393733

Aberdeen - American Falls  
Ground Water District  
P.O. Box 70  
American Falls, ID 83211  
(208)226-5914  
(208)226-5419 fax

.....

## Aberdeen - American Falls Ground Water District

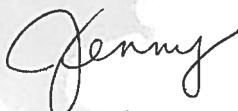
February 5, 1998

IDWR - Eastern Region  
900 N. Skyline Drive  
Suite A  
Idaho Falls, ID 83402-1718

Dear IDWR:

Enclosed is a change name form transferring water right # A35-07530 from Stanley Pierce to Dwight Horsch. If you have any questions, please contact me at the above number. Thank You.

Sincerely,



Jenny Michaelson  
Office Secretary

enc.

RECEIVED

FEB 09 1998

Department of Water Resources  
Eastern Region

.....

### Presumption Flag:



**State of Idaho**  
**DEPARTMENT OF WATER RESOURCES**

900 N. Skyline Dr., Idaho Falls, Idaho 83402-1718 - (208) 525-7161 - Fax (208) 525-7177

**EASTERN REGION**

**PHILIP E. BATT**  
GOVERNOR

**KARL J. DREHER**  
DIRECTOR

March 9, 1998

DWIGHT HORSCH  
1911 S 2700 W  
ABERDEEN ID 83210

RE: CHANGE IN OWNERSHIP FOR A35-07530

Dear Mr. Horsch:

The request for Change in Ownership concerning the Notice(s) of Claim in the above reference has been processed and the Notice(s) modified to reflect you as the new owner(s).

Enclosed is a copy of the Notice(s) of Claim, with your name shown as the current owner. Review the forms and if there are other corrections or questions, feel free to contact this office.

If there are no questions or corrections, please keep this Notice for your records.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jennifer Hoagland".

Jennifer Hoagland  
Technical Records Specialist

Enclosure: Notice(s) of Claim

NO. OF CLAIMS IN POLYGON \_\_\_\_\_

TRANSFER NUMBER \_\_\_\_\_

CLAIM NUMBERS 35-07530

DATE 11-4-98

OBJECTION FILED \_\_\_\_\_

AGENT SVH

TOTAL ACRES FROM RECOMMENDATION 148

GEOGRAPHIC INFO SYSTEM 148

| RIGHT NO |     |     |     | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    |
|----------|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|          | TNS | RNG | SEC | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |
| RECOM    | 65  | 31E | 3   | 38 | 38 | 36 |    | 36 |    |    |    |    |    |    |    |    |    |    |    |
| GIS      |     |     |     | 38 | 38 | 36 |    | 36 |    |    |    |    |    |    |    |    |    |    |    |
| RECOM    |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| GIS      |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| RECOM    |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| GIS      |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| RECOM    |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| GIS      |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

UPDATED

POLYGON #

UPDATED

B35-DBPOU.DBF 1253

ATTRIBUTES OF B35-POU.SHP ( ) \_\_\_\_\_

B35-DBPOD.DBF 1599

ATTRIBUTES OF B35-POD.SHP ( ) \_\_\_\_\_

Claimant: \_\_\_\_\_

P.O.D./Source # G.W. S.W.

Township , Range , Sect.

1. 65 31E 3 SE NENE

2. \_\_\_\_\_

3. \_\_\_\_\_

Other Rights: \_\_\_\_\_

P/U CONFLICT yes ( ) no ( )

P/D CONFLICT yes ( ) no ( )

SENT FOR DECREE yes ( ) no ( )



**State of Idaho**  
**DEPARTMENT OF WATER RESOURCES**

900 N. Skyline Dr., Idaho Falls, Idaho 83402-1718 - (208) 525-7161 - Fax (208) 525-7177

**EASTERN REGION**

**DIRK KEMPTHORNE**  
GOVERNOR

**KARL J. DREHER**  
DIRECTOR

6 January 1999

Mr Dwight Horsch  
1911 S 2700 W  
Aberdeen ID 83210

Re: Notice of Error response, 35-07530

Dear Mr. Horsch:

The Department is in receipt of your Notice of Error reply for the water right referenced above. You have indicated the canal has "long been removed and the area irrigated", however, the basis of the adjudication process is 'as the land was' (farmed) prior to November 19, 1987. The base photography for the pictorial representation you received is NAPP 1987. This photo clearly shows the canal in place at that time. Had the canal been removed prior to 1987 an enlargement claim could have been filed for the additional acres, pursuant to §42-1426 IC.

For your reference, I am enclosing Profile Reports of how the water right was licensed, (SRBA) claimed, and (SRBA) recommended. You will note the recommendation is as claimed and the claim as licensed. Therefore, I can only suggest the following options: 1.) You might have 10 acres of another right that could be transferred to the area in question, 2.) Perhaps you could purchase or lease 10 acres of someone else's right(s) and transfer it in, 3.) Third, not farm 10 acres in the area in question, 4.) Assemble the watering system to co-mingle canal water with the well water.

I am enclosing an excerpt of Idaho Code §42-1701B (6)(a)(ii) for your reference.

Thank you for your response. If this office can be of further assistance, please feel free to call.

Respectfully submitted,

Allen B. Ruberry  
Sr. Water Resource Agent  
Adjudication Bureau

cc: file

Enclosures: Profile reports (3) of 35-07530  
Excerpt, §42-1701B (6)(a)(ii)  
GIS layout of 35-07530

November 20, 1998

RECEIVED

DEC 21 1998

Department of Water Resources  
Eastern Region

**NOTICE OF ERROR  
REPLY**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

**YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:** December 18, 1998

Water right number: 35-07530

DWIGHT W HORSCH  
1911 S 2700 W  
ABERDEEN ID 83210

Daytime Telephone Number: 397-4765 - 241-0028  
Evening Telephone Number: 397-4925

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source): *On water right 35-07530 - This shows a canal thru the middle which has long been removed and the area irrigated*
2. Describe the changes you wish to make in the proposed recommendation:  
*The right should cover 158 Acres*
3. Give a brief explanation as to why you disagree with these portions:

*6531E 3 NB*

☐ I AGREE with this proposed recommendation; no changes need to be made.

DATE: \_\_\_\_\_ SIGNATURE: *Dwight W. Horsch*  
Please print your name: *Dwight W. Horsch*



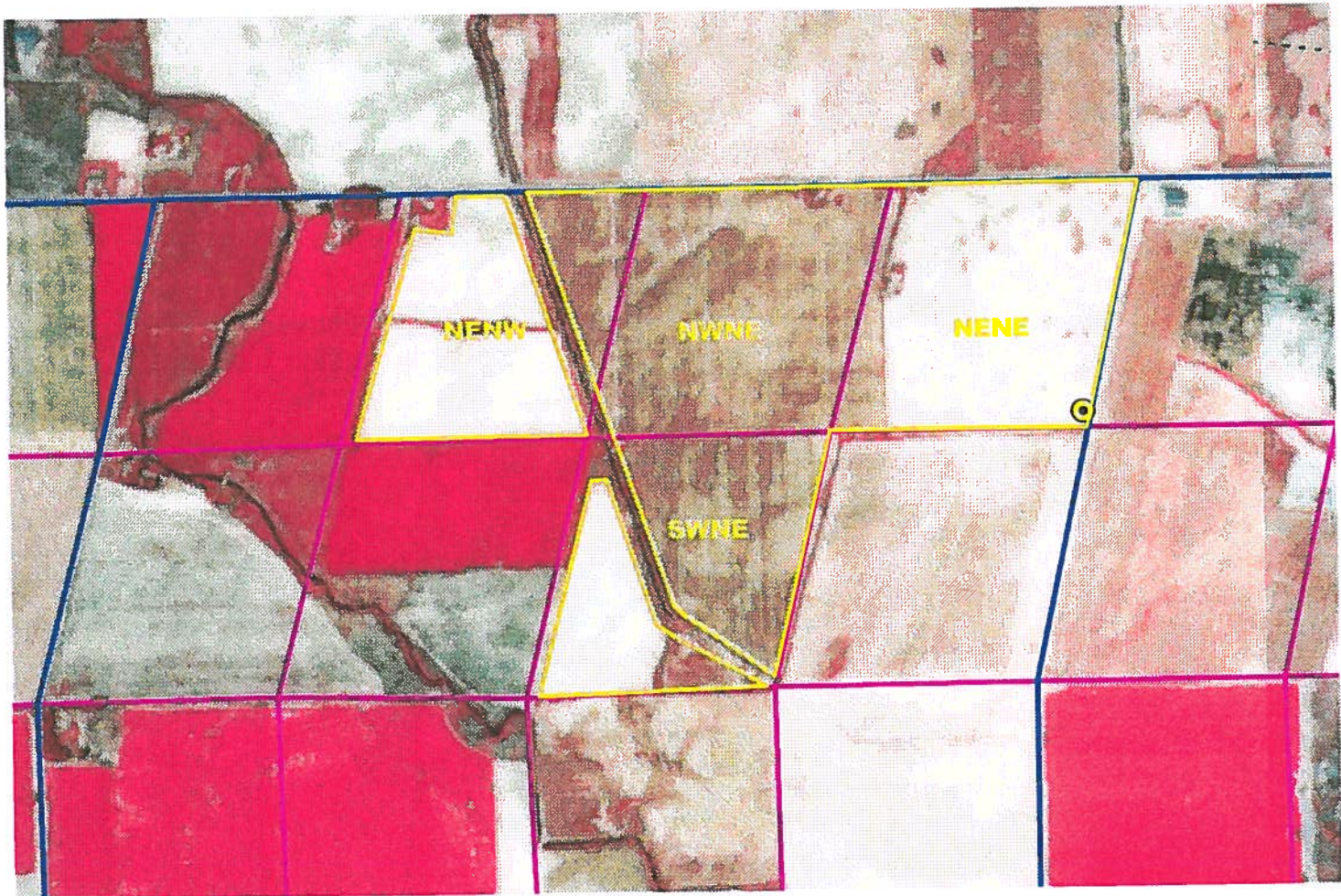
# STATE OF IDAHO

Department of Water Resources

Eastern Region

Claimant: ~~S. PIERCE~~ DWIGHT HORSCH

Water Right(s): 35-07530



0 660 1320 1980 Feet

## LEGEND



Point of Diversion



Place of Use



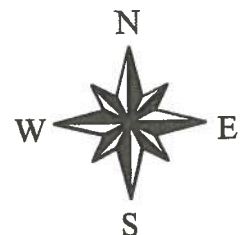
Section Line



Quarter-section line

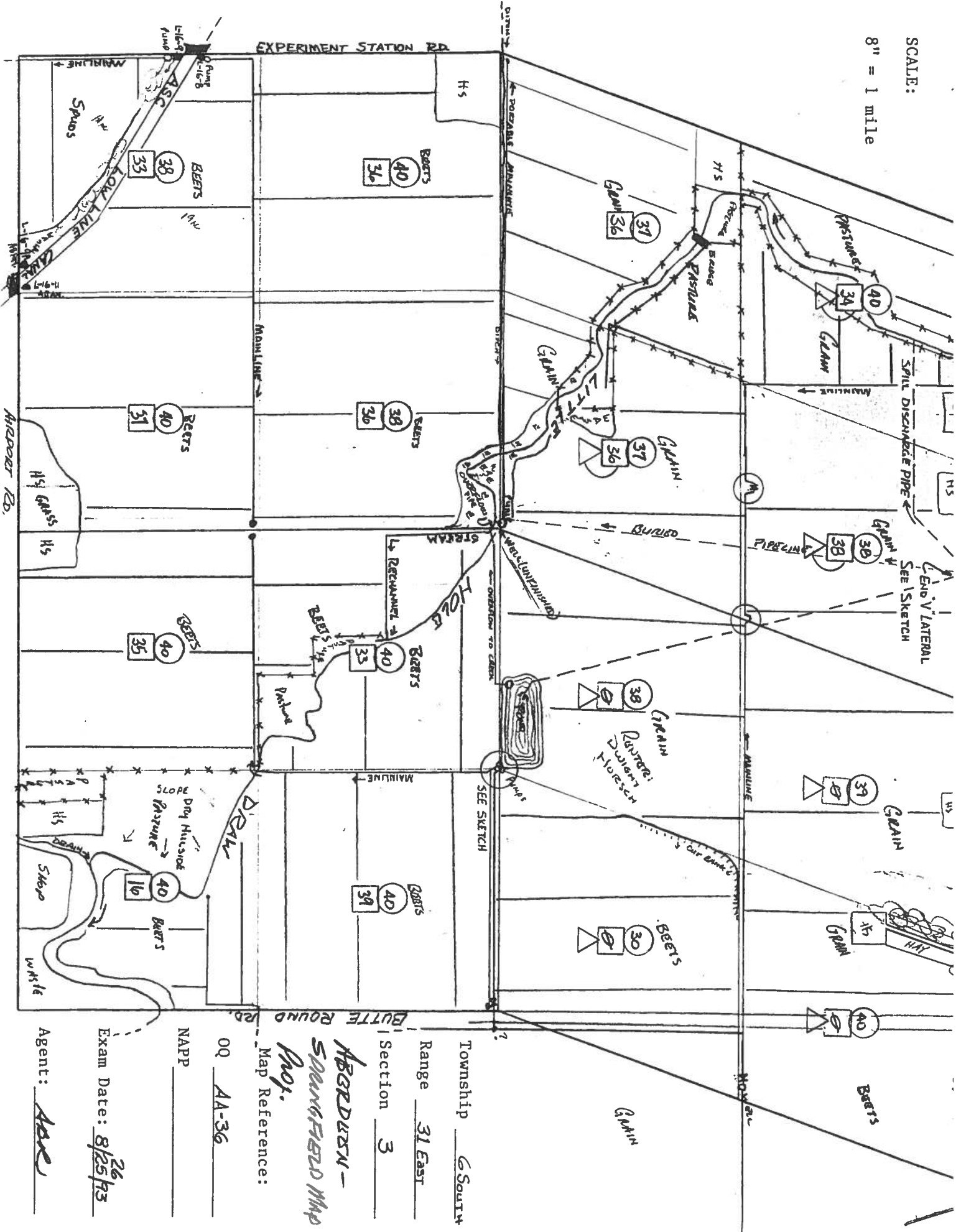
**Legal Description: T06S R31E**  
**sec. 3 NENE NWNE SWNE NENW**

**Point(s) of Diversion T06S R31E**  
**sec. 3 SENENE**



GIS Place of Use Illustration  
1987/1988 NAPP photography  
Prepared by: S. Van Hoff  
Date: NOV 1998

8" = 1 mile



Agent: *AK*

Exam Date: 8/25/93

NAPP

00 AA-36

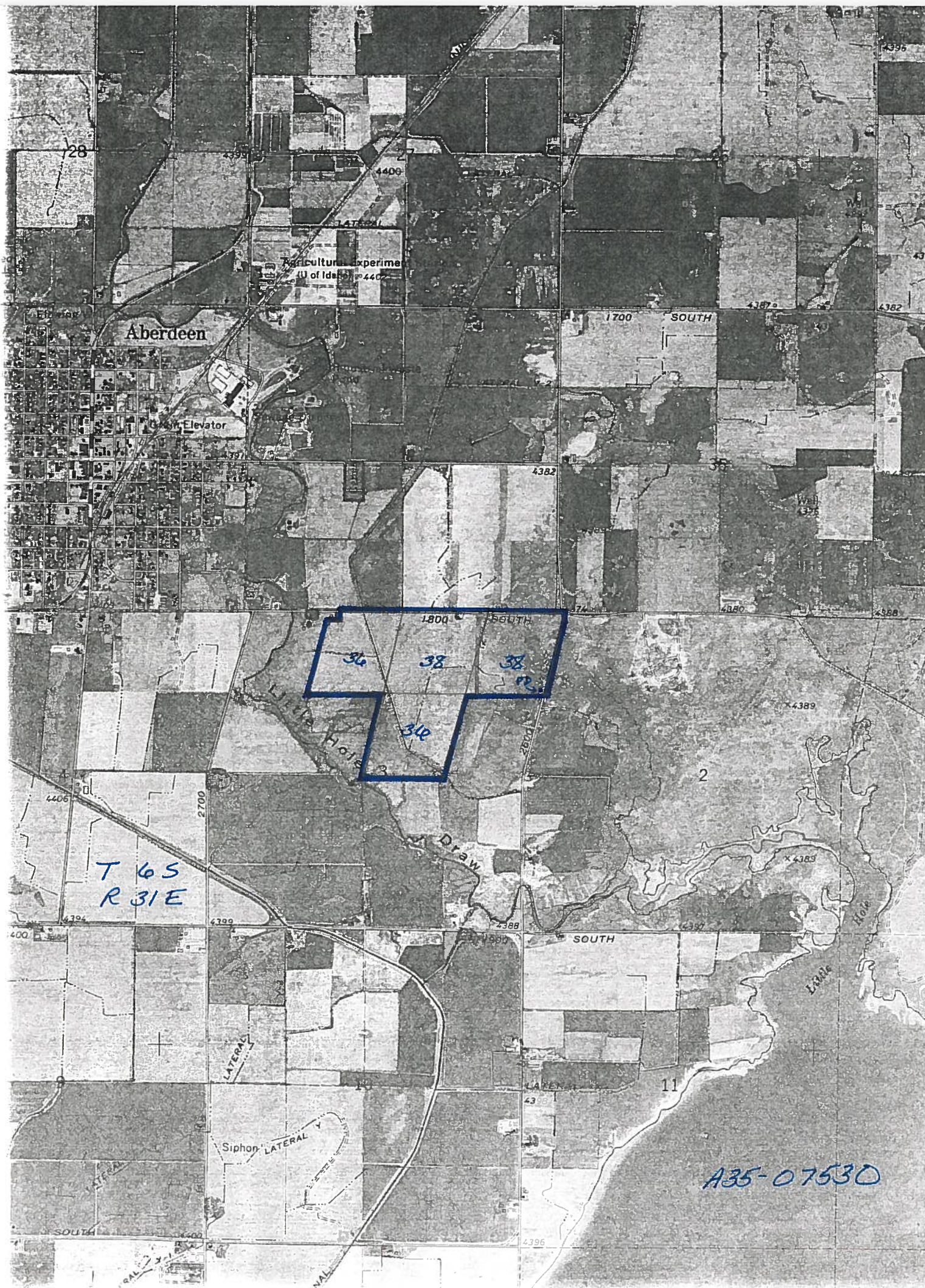
Map Reference:

ABERDEEN -  
SPRINGFIELD MAP

Range 31 East

Township 6 South

Section 3



NCAP

Basin Num Sequence Split Basis Sta Prio Diver: Sou Wate Owner Lis Version Number Source Ta

ok 2

11/28/97 = PD

|    |        |                 |      |                                            |
|----|--------|-----------------|------|--------------------------------------------|
| 35 | 7530   | Licens Acti ### | 2.96 | GRC IRRIK HORSCH, DWIGHT W (Cur wrAdjudica |
| 35 | 7619 A | Licens Acti ### | 1.81 | GRC IRRIK HORSCH, DWIGHT W (Cur wrAdjudica |
| 35 | 7619 B | Licens Acti ### | 0.49 | GRC IRRIK HORSCH, DWIGHT W (Cur wrAdjudica |
| 35 | 10682  | Benefi Acti ### | 0.04 | GRC DOM HORSCH, DWIGHT W (Cur wrAdjudica   |
| 35 | 10687  | Benefi Acti ### | 0.04 | GRC DOM HORSCH, DWIGHT W (Cur wrAdjudica   |
| 35 | 10688  | Benefi Acti ### | 0.04 | GRC DOM HORSCH, DWIGHT W (Cur wrAdjudica   |
| 35 | 11275  | Benefi Acti ### | 0.06 | GRC DOM HORSCH, DWIGHT W (Cur wrAdjudica   |
| 35 | 7530   | Licens Acti ### | 2.96 | GRC IRRIK HORSCH, DWIGHT W (Cur wrAdjudica |
| 35 | 7619 A | Licens Acti ### | 1.81 | GRC IRRIK HORSCH, DWIGHT W (Cur wrAdjudica |
| 35 | 7619 B | Licens Acti ### | 0.49 | GRC IRRIK HORSCH, DWIGHT W (Cur wrAdjudica |
| 35 | 7619 B | Licens Acti ### | 0.49 | GRC IRRIK HORSCH, DWIGHT W (Cur wrAdjudica |
| 35 | 8083   | Licens Acti ### | 2.32 | GRC IRRIK HORSCH, DWIGHT W (Cur wrWaterRi  |
| 35 | 8680   | Licens Acti ### | 1.14 | GRC IRRIK HORSCH, DWIGHT W (Cur wrWaterRi  |
| 35 | 10682  | Decrer Acti ### | 0.04 | GRC DOM HORSCH, DWIGHT W (Cur wrWaterRi    |
| 35 | 10687  | Decrer Acti ### | 0.04 | GRC DOM HORSCH, DWIGHT W (Cur wrWaterRi    |
| 35 | 10688  | Decrer Acti ### | 0.04 | GRC DOM HORSCH, DWIGHT W (Cur wrWaterRi    |
| 35 | 11275  | Decrer Acti ### | 0.06 | GRC DOM HORSCH, DWIGHT W (Cur wrWaterRi    |
| 35 | 8082   | Acti ###        | 1.2  | GRC IRRIK HORSCH, DWIGHT W (Cur wrWaterPe  |
| 35 | 8572   | Acti ###        | 0.4  | GRC IRRIK HORSCH, DWIGHT W (Cur wrWaterPe  |

Contact ID  
 # 104812  
 To: ~~USCIN 326903~~  
 11/11/02 Dns

NCA P on 35-7530 on

Address Service  
 Aberdeen Id 83210

83210

9 items  
 Postage Due \$5.40

| Name                             | Old Address                                                | New Address                |
|----------------------------------|------------------------------------------------------------|----------------------------|
| University of Idaho<br>Regents   | P.O. Box AA<br>Aberdeen Id 83210                           | P.O. Box 870               |
| Behrend Farms                    | RT 1 Box 114<br>Aberdeen Id 83210                          | P.O. Box 92                |
| Behrend Farms                    | 2807 W. 1900 S.<br>Aberdeen Id 83210                       | P.O. Box 92                |
| Behrend Farms                    | RT 1 Box 236<br>Aberdeen Id 83210                          | P.O. Box 92                |
| Muirbrook<br>Paul                | 2751 W. 1000 S.<br>Aberdeen Id 83210                       | P.O. Box 775               |
| Church of Jesus<br>Christ of LDS | Aberdeen 2nd Ward<br>Aberdeen Id 83210                     | 2727 W. 1500 S.            |
| <del>Horsch Dwight</del>         | <del>1911 S. 2700 W.</del><br><del>Aberdeen Id 83210</del> | <del>1991 S. 2700 W.</del> |
| Becker Daniel                    | RT 1 Box 124<br>Aberdeen Id 83210                          | 3042 W. 2000 S.            |
| Funk Raymond                     | RT 1 Box 77<br>Aberdeen Id 83210                           | 2066 S. 2950 W.            |