

RECEIVED

MAR 05 2013

DEPARTMENT OF
WATER RESOURCES

SRBA Form No.42-1409-1 (Internet 2/09)

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

Second Amended

**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 63-33561

Date Received: _____

Receipt No: _____

Received By: _____

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

Please type or print clearly

1. Name of Claimant (s) SunRidge Dairy LLC Phone (208) 442-7316

Mailing Address 4890 Dry Lake Rd, Nampa, ID ZIP 83686

2. Date of Priority (Only one (1) per claim) 8/20/1981
Street or Box City State
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) Ground Water
which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 2N, Range 2W, Section 31,
SE, 1/4 of SW, 1/4 Govt. Lot _____, BM., County of Canyon

Parcel (PIN) no. _____

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. Ground water well

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Irrigation purposes from 3/1 to 11/15 amount 0.32 or 72.0

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) 0.32 (cfs) and/or (b) 72.0 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.)

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
2N	2W	31									16								16

Parcel (PIN) no(s).

Total number of acres irrigated 16

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

11. Do you own the property listed above as place of use? Yes (✓) No ()

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

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

or None (✓)

13. Remarks: Amendments include 1) corrected priority date, 2) corrected pod, and 3) addition of flow rate

Evidence of priority is attached and consists of the Department's licensing exam with associated aerial photos for water right 63-8053. The exam's aerial photos indicate irrigation use on the subject enlargement acres.

The date of the licensing field exam represents the amended priority date.

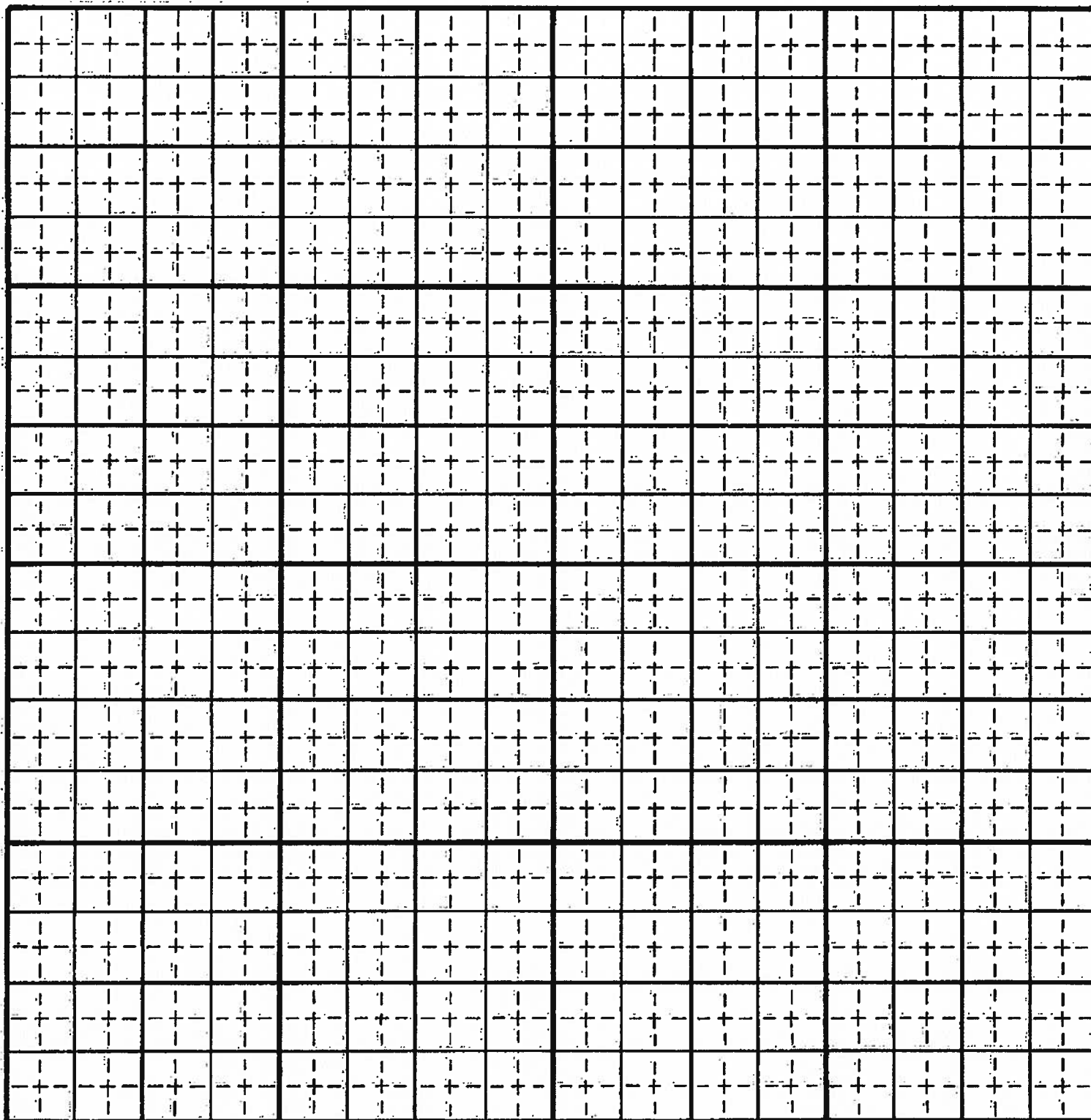
The claimed acres are an enlargement of water right 63-3274.

Last Name Identification No.

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

See attachment A

Scale: 2 Inches equals 1 mile



Last Name _____ Identification No. _____

14. Basis of Claim (Check One) Beneficial Use (☒) Posted Notice (☐) License (☐) Permit (☐) Decree (☐)

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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: 3

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

MANAGING MEMBER of SUNRIDGE DAIRY LLC,
Title Organization

that I have signed the foregoing document in the space below as

MANAGING MEMBER of SUNRIDGE DAIRY LLC,
Title Organization

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

Signature of Authorized Agent [Signature] Date 2/26/2013

Title and Organization MANAGING MEMBER, SUNRIDGE DAIRY LLC

16. Notice of Appearance:

Notice is hereby given that I, Michael P. Lawrence, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature [Signature] Date 2/28/13

Address 601 W. Bannock St., P.O. Box 2720
Boise, ID 83701

Last Name _____ Identification No. _____

ATTACHMENT A
SECOND AMENDED CLAIM MAP

2011 Photo

T2N R2W

25

30

29

36

31

32

01

06

05

Legend

 63-33561 Claimed pou

 63-3274 pod

SunRidge Dairy



0 750 1,500
Feet



ATTACHMENT B
EVIDENCE OF PRIORITY



State of Idaho

DEPARTMENT OF WATER RESOURCES

STATE OFFICE, 450 W. State Street, Boise, Idaho

JOHN V. EVANS

Governor

A. KENNETH DUNN

Director

Mailing address:

Statehouse

Boise, Idaho 83720

(208) 334-4440

June 7, 1982

RE: Permit No. 63-8053

Connecticut Mutual Life Insurance Co.
140 Garden St.
Hartford, CT 06115

Gentlemen:

A representative of this Department has made an examination of the works covered by your Permit No. 63-8053, and has found the following:

Amount of water that can be recognized as beneficially used under
Idaho law: 1.42 cfs Source: groundwater

The maximum quantity diverted shall not exceed 599.9 acre feet
per year.

Point(s) of diversion: NE $\frac{1}{4}$ SE $\frac{1}{4}$, Section 31, Twp. 2N, Rge. 2W, Canyon County

Beneficial use: Irrigation of 179 acres within the NE $\frac{1}{4}$ NE $\frac{1}{4}$, Sec. 6, Twp. 1N,
Rge. 2W; SW $\frac{1}{4}$ SW $\frac{1}{4}$, Sec. 32; E $\frac{1}{4}$ SE $\frac{1}{4}$, SW $\frac{1}{4}$ SE $\frac{1}{4}$, Sec. 31; Twp. 2N, Rge. 2W

Priority date established: October 17, 1974

Conditions (if any): This right when combined with all other rights shall
provide no more than 0.02 cfs per acre nor more than 4.5 afa per acre for the
lands above.

If you do not concur with these findings please contact us within 10 days, otherwise
a water license will be issued as set forth above.

Sincerely,

M. JOHNSON
Water Distribution Supervisor

JJ:kw

July 1964
6:00 p.m.

3. Water will be used for the following purposes:

Other uses: _____

Max Rate of Diversion _____ cubic feet per second and annual volume _____ AF/Annum.

Township _____ N/S, Range _____ E/W, B.M., Section _____, Subdivision _____ 1/4 _____ 1/4, _____
County _____

Other Points of Diversions: _____

Description of diverting works: well, pump, pipeline

Measuring device required: yes ☒ no ☐

[illegible]**TOTAL ACREAGE**

179.

Permit No. 103-8053
Examination for 6/14

DATE OF EXAM 17 Aug 1981

ACREAGE

Found

179.1

Recommended

179.1

Irrigation Requirement 9.5 Ac Ft/Ac

USE

Irrigation Q = 1.42 c.f.s.

V =

599.9

AF/Ann. from

to

Domestic Q = c.f.s.

V =

AF/Ann. from

to

Livestock Q = c.f.s.

V =

AF/Ann. from

to

Is water co-mingled? yes no

Name source:

twp.

N/S Rge

E/W B.M., Sec.

Sub.

1/4

1/4

County

Exchange? yes no

Name source exchanged with:

twp.

N/S Rge

E/W B.M., Sec.

Sub.

1/4

1/4

County

Point of injection:

twp.

N/S Rge

E/W B.M., Sec.

Sub.

1/4

1/4

County

Point of exchange:

twp.

N/S Rge

E/W B.M., Sec.

Sub.

1/4

1/4

County

Total Q measured 1.42 cfs

Method of measurement

orifice plate

Total Q recommended

1.42 cfs

Meter No.

Type

Condition

good

Total V recommended

687.44 688.6

Recommended Amendments:

P.D.

Place of Use

Other

ASPS To cover additional ground not covered

None

MEASUREMENT CALCULATION:

8" x 6" orifice

4" Head

= 1.42 cfs

capacity

1.42 x 1.98 x 245 =

687.44

688.6

AF/ANN

179 x 4.5 = 805.5

1.42 x 1.9835 x 213 =

599.9

✓

SYSTEM DESCRIPTION:

well pump int pond w/ AC lift pump int irrigation system

75 HP U.S. Electric # 9024208-1

550' deep 6" dia

U.S.A.

550' deep

6" dia

6" dia

6" dia

6" dia

6" dia

REMARKS:

no other well orifices on same ground

Examiner's Signature

John E. Mann

Date

20 Aug 1981

Checked by

DBS

Date

11/3/81

Approved by

[Signature]

Date

6/2/82

Overlap Review attached

This is an aerial photograph of a land survey map. The map is divided into numerous irregularly shaped areas, each labeled with a letter (A through J) and a numerical value representing area in acres. The labels and values are as follows:

- Top Left:** C 77.9, D 69, C 7.2, D 294 4310, B 27.0.
- Top Center:** F 407.
- Top Right:** A 120, C 16, F 15.2.
- Middle Left:** B 27.5, A 33.9, C 300.
- Middle Center:** E 18.0, E 12.0, D 25.9, F 11.7, G 20.8, H 52.2.
- Middle Right:** H 28.7, J 29.1, A 19.4.
- Bottom Left:** D 342 5170, A 84.9, B 91.8, C 17.8.
- Bottom Center:** D 18.9, E 27.0, F 18.8.
- Bottom Right:** J 13.6, K 13.6.

Handwritten annotations include:

- A yellow rectangular box with diagonal hatching in the upper left area.
- A thick black line running horizontally across the middle of the map, with a handwritten "40" below it.
- A thick black line running vertically on the right side of the map, with a handwritten "29.1 + 1.8" next to it.
- A red crosshair in the upper left corner.
- A red crosshair in the lower right corner.
- A red crosshair in the center of the map.
- A red crosshair in the lower right corner.

The text "NOT TO SCALE" is printed in the bottom right corner.

NOT TO SCALE

ATTACHMENT C
FIRST AMENDED CLAIM

DISTRICT COURT - SROA
Fifth Judicial District
County of Twin Falls - State of Idaho

JAN 27 2012

By _____
IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS
Clerk
Deputy Clerk

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 63-33561

Date Received: _____

Receipt No: _____

Received By: _____

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

Please type or print clearly

1. Name of Claimant (s) DBSI Tiegs 979 LLC Phone (208) 287-1895

Mailing Address 1550 S. Tech Lane, Meridian, ID ZIP 83642
Street or Box City State

2. Date of Priority (Only one (1) per claim) November 19, 1987
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 2N, Range 2W, Section 31
NW, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of Canyon

Parcel (PIN) no. _____

Additional points of diversion if any: T2N, R2W, 31 NESE, T2N R2W, 31 SESE

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. Ground water wells

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)

For irrigation purposes from 3/01 to 11/15 amount 0 or 72

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) 0 (cfs) and/or (b) 72 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.)

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2N	2W	31									16								16

Parcel (PIN) no(s) Total number of acres irrigated 16

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

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

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

or None (✓)

13. Remarks: This is an enlargement of Water Right No. 63-3274.

Last Name Identification No.

14. Basis of Claim (Check One) Beneficial Use () Posted Notice (✓) License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 63-3274

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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: 0

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, Thomas J. Budge, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature Thomas J. Budge Date 1-20-2012

Address P.O. Box 1391; 201 E. Center

Pocatello, ID 83204-1391

Last Name _____ Identification No. _____