

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: A71-02047
Date Received: 1/11/1990
Receipt No: X777777
Received By: AD

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SPLIT RIGHT
Address: XX, ID

00

2. Date of Priority: MAR 25, 1925

3. Source: CHAMPION CREEK
SPLIT RIGHT

Trib. to: SALMON RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
08N	14E	23	NW	NW			CUSTER

5. Description of diverting works:
WOOD & CONCRETE DIVERSION, DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/15	10/15	2.800		

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

8. Total consumptive use is 160.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
08N	14E	15	SW	NW		IRR	10.0
			SE	NW		IRR	10.0
			NE	SW		IRR	20.0

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Date: 03/23/90

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10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
08N	14E	15	NW	SW		IRR	10.0
			SE	SW		IRR	10.0
			NW	SE		IRR	5.0
			SW	SE		IRR	15.0
						Section Acres	80.0
						Total Acres	80.0

11. Place of use in counties: CUSTER

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

13. Other Water Rights Used:
NONE

14. Remarks:

DWR NOTE
SPLIT RIGHT

THIS RIGHT WAS ORIGINALLY CLAIMED ENTIRELY
BY REDMOND. HE AMENDED HIS CLAIM AND IT WAS
NUMBERED A71-02047A. FOR 0.20 CFS
4TH OF JULY CREEK FILED CLAIM ON SAME RT. FOR
ENTIRE RT. IT IS NUMBERED A71-02047B.
EXACT OWNERSHIP OF RIGHT IS NOT KNOWN AT THIS
TIME. ADM 3/23/90.

15. Basis of Claim:

Water Right Number: 16201

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OCT 27 1964

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 _____