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Department of Water Resources

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DISTRICT COURT-SRBA
TWIN FALLS CO. IDAHO
FILED

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

In Re SRBA

Case No. 39576

STANDARD FORM 4

MOTION TO FILE A LATE AMENDED
NOTICE OF CLAIM

36-4052

INSTRUCTIONS FOR USE

This form is to be used to file a late notice of claim in a reporting area where the director's report has been filed and is made a part of *SRBA Administrative Order 1*, Section 4A (amended June 21, 1993), which may be consulted for further information.

A motion for premission to file a late notice of claim requires you to certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay or needlessly increase the cost of litigation.

You may copy or reproduce this form. If you do, the text must be on the front and back of each page exactly as it appears here. Fill out the form completely and attach all fees or the court will not accept the motion for filing. The Verification and Certificate of Mailing must be completed. Check each box to verify you have followed the instructions.

☐ I have read the *SRBA Administrative Order 1, Rules of Procedure* (amended June 21, 1993).

☐ I have read *SRBA Administrative Order 10 Order Governing Procedures in the SRBA for Domestic and Stock Water Uses* (dated March 22, 1995).

My name is Harry H. Huttanus

My address is Barbury Hot Springs, Rt. 3
Buhl, Id 83316

My phone number is: Work 543-4098 Home _____

I am an attorney representing _____

My name is _____

My address is _____

My phone number is _____

The water right number I want to file a late notice of claim for is 36-04052

☒ need to amend th claim.
I did not file a notice of claim to the use of water in the SRBA because:
Historical use connections under repair

☐ I filed a notice of claim and elected to defer judicial proceedings on my domestic or stock water use. I desire to reinstate my notice of claim for domestic or stock water use.

I am providing legal and factual documentation for my claimed use of water. The documents I am providing are: (You must describe the documents and attach a readable copy.)

You do not have to fill this out if you are reinstating a notice of claim for domestic or stock water use but you must attach a copy of your notice of claim.

I have attached:

- ☒ A fully completed notice of claim (available from the Idaho Department of Water Resources (IDWR)).
- ☐ A claim filing fee for a domestic and stock water use. IDWR may charge this fee pursuant to I.C. §42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: *State of Idaho Department of Water Resources* in the amount of \$ _____.
- ☐ A claim filing fee and a late claim fee for those claims other than a domestic or stock water use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: *State of Idaho Department of Water Resources* in the amount of \$ _____.
- ☐ For those claimants who did not previously file a notice of claim, a court appearance fee in the amount of \$65.00 in the form of a check made payable to: *SRBA*. Persons filing a motion for late notice of claim do not become a party or claimant in the SRBA simply by filing this motion.

Follow these instructions regarding the hearing on this motion.

1. Contact the SRBA Court (208-736-3011) to request a hearing date and time.
2. Fill in the following information:

This motion will be heard on October 15, 1996 1:30pm
(Insert Date and Time)

at the SRBA courthouse, 253 Third Avenue North, Twin Falls, Idaho.

VERIFICATION

(Must be completed)

State of Idaho

County of Twin Falls

_____, being first duly sworn, upon oath, deposes and says:
(Insert name of person filing form)

That I am the person or entity filing this motion and I have read the motion, know its contents and that the statements are true to the best of my knowledge and belief.

X Herb Seal
Signature of person filing form

By: _____
Attorney signing in representative capacity

Subscribed and sworn to before me on July 8, 1996
(Insert Date)

[Signature]
Notary Public for Idaho
Residing at: Twin Falls
My Commission expires: 6/24/98

INSTRUCTIONS FOR MAILING

Mail the form, including all attachments, to the Clerk of the SRBA Court and to the parties identified in the Certificate of Mailing. FAX filings will not be accepted by the SRBA Clerk of the Court.

You must sign the Certificate of Mailing to show that you followed these steps.

CERTIFICATE OF MAILING

I certify that on July 8, 1999, I mailed the original and copies of this form, including all attachments, to the following persons by mailing the original and/or copies, postage prepaid and addressed as follows:

1. Original to:

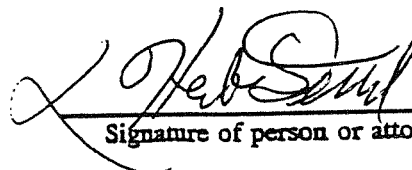
Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
P. O. Box 2707
Twin Falls, Idaho 83303-2707

2. One copy to:

Chief, Natural Resources Division
Office of the Attorney General
State of Idaho
P. O. Box 44449
Boise, Idaho 83711-4449

3. One copy to:

United States Department of Justice
Environment and Natural Resource Division
550 West Fort Street, Box 33
Boise, Idaho 83724



Signature of person or attorney mailing the form

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: A36-04052
Date Received: 2/23/1989
Receipt No: S006358
Received By: Sc

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

1. Name: HARRY H HUTTANUS 208-543-4098
Address: BANBURY HOT SPRINGS
RT 3
BUHL ID 83316

Name: SOPHIA R HUTTANUS
Address: BANBURY HOT SPRINGS
RT 3
BUHL ID 83316

2. Date of Priority: JUN 1, 1922

3. Source: BLIND SPRINGS Trib. to: SNAKE RIVER
BANBURY SPRINGS SNAKE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
08S	14E	33	NW	SE			GOODING

5. Description of diverting works:
CONCRETE STRUCTURE, CATCH BASIN, PIPELINE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.200		
RECREATION	01/01	12/31	5.900		
DOMESTIC	01/01	12/31	0.130		
POWER	01/01	12/31	4.000		

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

8. Total consumptive use is 30.0 Acre Feet Per Annum.

9. Non-irrigation uses:

RECREATION, HOT POOL; DOMESTIC, APARTMENTS, CAMP, PICNIC GROUNDS
GENERATING CAPACITY 16.0 KILOWATTS

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
08S	14E	33	SW	NW		IRR	7.0
Section Acres							7.0
Total Acres							7.0

11. Place of use in counties: TWIN FALLS

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

13. Other Water Rights Used:
BANBURY HOT SPRINGS

14. Remarks:

AMENDED CLAIM: RECREATION FLOW TO 5.9 CFS AND ACRES TO 7.0 AC.
AND POU COUNTY TO TWIN FALLS CO. (7-1-1996 SCC)

15. Basis of Claim: STATUTORY CLAIM

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not HD 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: _____

For Organizations:

I do solemnly swear or affirm that I am ATTORNEY IN FACT of
Title
Sophia R. Huthaus, that I have signed the foregoing
Organization
document in the space below as ATTORNEY IN FACT of
Title
Sophia R. Huthaus and that the statements contained in the
Organization
foregoing document are true and correct.

[Signature]
Signature of Authorized Agent

General Power of Attorney att.

ATTORNEY IN FACT For Sophia R. Huthaus
Title and Organization

7/1/96
Date

State of Idaho)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 1st day
of July 19 96
[Signature]
Notary Public

Seal

Residing at Twin Falls
My Commission Expires 12/7/2000

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, SOPHIA R. HUTTANUS, reside in Twin Falls County, Idaho, and do hereby and by these presents constitute and appoint HERBERT C. DEUEL and BLANCHE H. DEUEL as my true and lawful Attorneys in Fact in my name and stead, to do any and all things with respect to all of my property and property rights that I might do if personally present. Without limiting the generality of the foregoing, my said Attorneys in Fact are authorized in my name to receive and disburse any and all funds in any account that I may have in any bank or savings and loan institution, to endorse my name on all checks or drafts and other commercial instruments, to execute in my behalf any instrument, including income tax returns, health and accident insurance, social security administration and retirement applications, documents, claims or checks, to borrow money for my account and give security therefor and such security may constitute a lien on all or any part of my property, and to sell any piece or part of any property, real or personal, of mine for any price or on any terms as may to my said Attorneys in Fact seem adequate, to receive such purchase price or consideration for such sale, and to purchase real or personal property on my behalf. This Power of Attorney includes authority to make medical decisions if I am incapable of giving informed consent, and specifically includes the authority to refuse life-sustaining treatment on my behalf if my Attorneys in Fact believe that is what I would have chosen in the circumstances. And I hereby give and grant to said Attorneys in Fact all other powers necessary or reasonably convenient to the carrying out of the powers above granted, including the power to name additional or substitute Attorneys in Fact for me, and I hereby ratify all action or actions taken by my Attorneys in Fact under this instrument.

This Power of Attorney shall continue in full force and effect until revoked by me, and all persons unto whom these presents shall come shall be entitled to rely on the powers herein granted to my said Attorneys in Fact until such persons may have received written notice that said Power of Attorney has been revoked or until written notice of said revocation may be recorded in the office of the Twin Falls County Recorder, Twin Falls County, Idaho.

This Power of Attorney shall not be affected in the event I become mentally or physically incapacitated or disabled.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd day of ~~August~~, 1988.

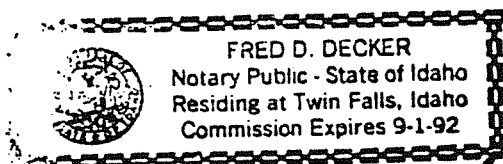
November

Sophia R. Huttanus
SOPHIA R. HUTTANUS

STATE OF IDAHO)
)ss.
County of Twin Falls)

On this 23rd day of November, 1988, before me, the undersigned, a Notary Public in and for said County and State, personally appeared SOPHIA R. HUTTANUS, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she 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.



[Signature]
NOTARY PUBLIC FOR IDAHO
Residing at Twin Falls
My commission expires 9-1-92