

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 91-7045
Date Received: 10/17/2010
Receipt No: T091993
Received By:

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

RECEIVED
JUL 29 2014
IDWR/NORTH

1. Name of Claimant(s)

EUGENE BARKER Phone: (208) 245-2029

7942 E QUARTERHORSE TRAIL
SAINT MARIES ID USA 83861

DAVID BARKER Phone: (208) 245-2029

7942 E QUARTERHORSE TRAIL
SAINT MARIES ID USA 83861

2. Date of Priority: 06/27/1980

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
47N	03W	35	NE SE	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.08	2.4

7. Total Quantity Appropriated is:
0.08 C.F.S. and/or 2.4 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 2

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
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47N

03W 35

NE SE

DOMESTIC

11. Place of use in counties: KOOTENAI

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

13. Other Water Rights Used:

14. Remarks:

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: _____

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): *Dr. Baker* Date: 7/26/14

Date:

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this

of _____ 20____

Notary Public

Residing at _____

My commission Expires _____