

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: A72-11764
Date Received: 5/ 7/1993
Receipt No: 5015730
Received By: KKC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JOHN E DMOCHOWSKI 208-879-4662
Address: PO BOX 773
CHALLIS ID 83226
OR
Name: CYNTHIA DMOCHOWSKI 208-879-4662
Address: PO BOX 773
CHALLIS ID 83226
2. Date of Priority: MAY 4, 1993
3. Source: GROUNDWATER Trib. to:
4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
13N	19E	28	NW	SW		8	CUSTER
5. Description of diverting works:
WELL DRILLED IN 1981
6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		
7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
DOMESTIC, ONE HOME

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
13N	19E	28	NW	SW	8	DOMEST	

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:

PERMIT 72-07456 FOR IRRIGATION AND STOCKWATER (SURFACE WATER)

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

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: _____

10. Place of use is: Township: 13N Range 19E BM BM

Section 28, 1/4 of 1/4, Govt. Lot 8, B.M.,

for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

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

12. Do you own the property listed above as place of use? Yes xxx No _____

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

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

() None or _____

14. Remarks: LOT # 6 Well drilled approximately 1981

NEW OWNERS--DATE OF CLOSING JANUARY 1993

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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 do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) [Signature] Date 5-4-93

[Signature] Date 5-4-93

For Organizations: I do solemnly swear or affirm that I am _____

of _____, that I have signed the foregoing

document in the space below as _____ of _____

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho or _____)

County of Custer)

ss.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 4th day of May 19 93

SEAL

Notary Public [Signature]

Residing at Challis

My Commission Expires 8-1-94

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVE

MAY 06 1993

Department of Water Resources
Southern Region Office

ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) JOHN E. OR CYNTHIA DMOCHOWSKI Phone (208) 879-4662Mailing Address PO BOX 773 CHALLIS IDAHO Zip 832262. Date of Priority (Only one per claim) MAY 4, 1993 Month/Day/Year3. Source of water supply (Check one) (☒) Groundwater or Other () (a) _____

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 13N Range 19NBMSection 28 , _____ 1/4 of _____ 1/4 of _____ 1/4, Govt. Lot 8 , BM.,County of CLUSTER

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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.

WELL NO CHANGES SINCE DRILLED

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For DOMESTIC purposes from 1-1- Month/Day to 12-31 Month/Day amount _____ (cfs)

(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 18 (GPM cfs) or 0.04 CFSKKC8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) single ownership

APR-29-'93 THU 09:18 ID:IDWR SOUTHERN

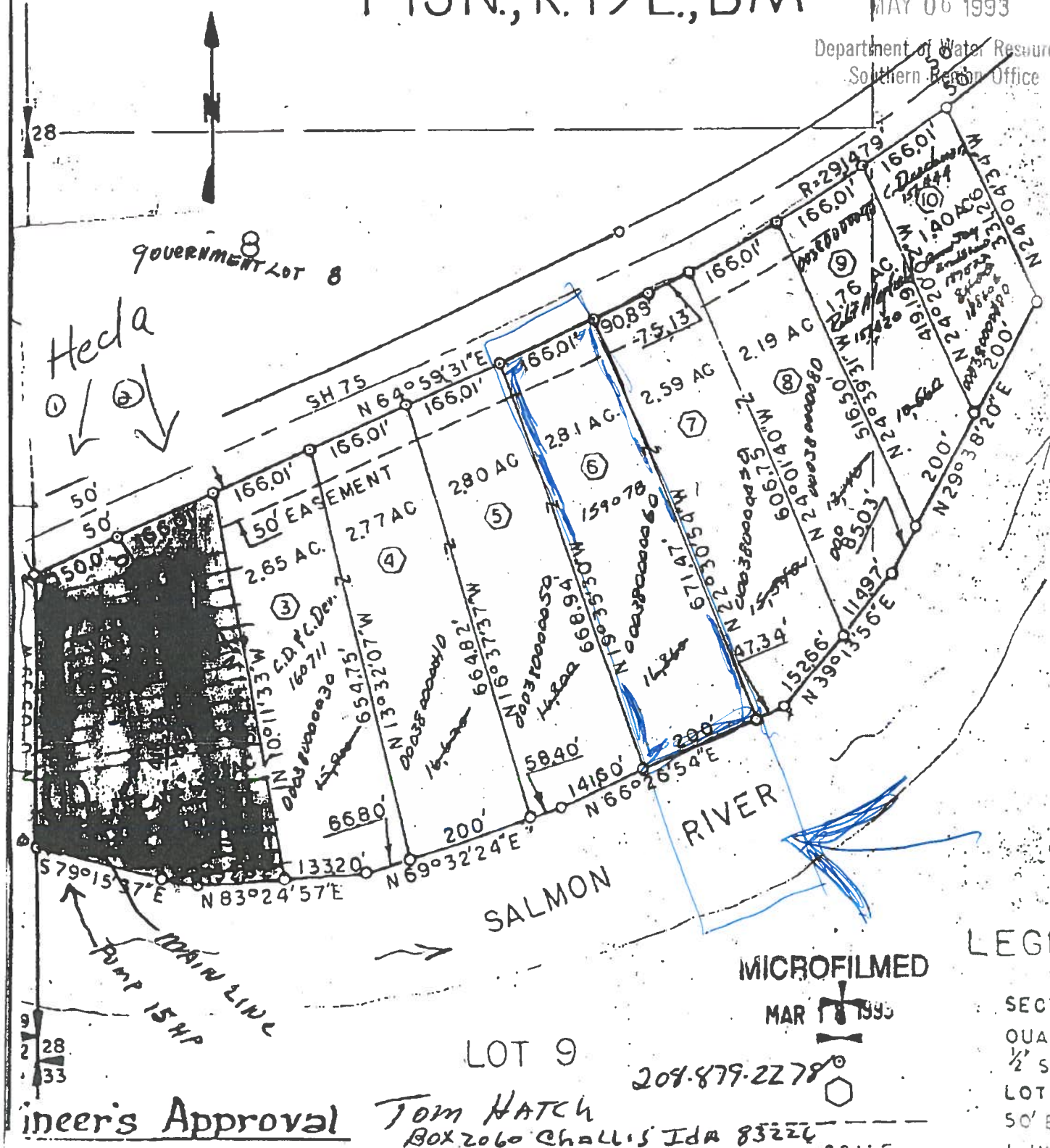
#138 P02

LA

RECEIVED

MAY 06 1993

~~Department of Water Resources
Southern Region Office~~



USE ADDITIONAL SHEETS IF NECESSARY. FORWARD THE ...

