

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 21-13194
Date Received:
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

UNITED STATES OF AMERICA ACTING THROUGH Phone: (208) 378-5306
BUREAU OF RECLAMATION
REGIONAL DIRECTOR PN CODE-3100
1150 N CURTIS RD STE 100
BOISE ID USA 83706-1234

2. Date of Priority: 10/31/1978

3. Source: CASCADE CREEK
GRASSY SPRING

Trib. to: FALL RIVER
FALL RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
09N	46E	17	3	FREMONT	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION STORAGE	01/01	12/31		11,800

7. Total Quantity Appropriated is:
11,800 A.F.A.

8. Non-irrigation uses:

9. Place of use:

10. Place of use in counties:

11. Do you own the property listed above as place of use? No

12. Other Water Rights Used:

21-4155

13. Remarks:

The point of diversion shown above is where Fall River enters the State of Idaho, recognizing, however, the storage water is physically stored in and released from Grassy Lake which is located within the State of Wyoming.

14. Basis of Claim: Beneficial Use

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 notice in the Snake River Basin Adjudication." (b.) I/We do do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

For Organizations:

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

Snake River Area Office Manager of the Bureau Of Reclamation.
Title Organization

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

Manager of the Snake River Area Office Bureau of Reclamation
Title Organization

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

[Signature]
Signature of Authorized Agent

Snake River Area Manager
Title and Organization

2/6/2015
Date