

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: A72-00106

Date Received: 12/27/1989

Receipt No: X777777

Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SPLIT RIGHT

Address:

XXX, ID

000

2. Date of Priority: MAY 15, 1890

3. Source: GARDEN CREEK

Trib. to: SALMON RIVER

SPLIT RIGHT

4. Point of Diversion:

Township Range Section 1/4 of 1/4 of 1/4 Lot County

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose

From

To

C.F.S

(or)

A.F.A.

IRRIGATION

1.400

7. Total Quantity Appropriated is:

1.400 C.F.S. (and/or)

A.F.A.

8. Total consumptive use is

Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
13N	18E	2	NW	NW	4	IRR	
			SW	NW		IRR	
		3	SE	NE		IRR	
			NE	SE		IRR	

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Date: 12/28/89

MICROFILMED

MAR 19 1993

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:

14. Remarks:

THIS CLAIM IS FOR REFERENCE ONLY. IT HAS BEEN SPLIT
A72-00106A, LOUIS L. KRISTAN CLAIMED 0.76 CFS, 32 ACRES.

RVW.--12/27/89

15. Basis of 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 _____ 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 _____