

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: A72-00138
Date Received: 11/30/1989
Receipt No: X777777
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: COMBINED RIGHT

Address: XXX, ID 000

2. Date of Priority: MAR 01, 1877

3. Source: WARM SPRINGS CREEK Trib. to: SALMON RIVER
COMBINED RIGHT

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County
65N	46E	36			SUBSCRIPTION

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION			6.000		

7. Total Quantity Appropriated is:
6.000 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	19E	13	SW	NE	IRR	
			SE	NE	IRR	
			NE	SE	IRR	

A72-00138

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Date: 11/30/89

MICROFILMED

MAR 19 1993

10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
13N	19E	13	NW	SE		IRR	
	20E	18	NW	NE		IRR	
			NE	NW		IRR	
			NW	NW	1	IRR	
			SW	NW	2	IRR	
			SE	NW		IRR	
			NE	SW		IRR	
			NW	SW	3	IRR	
			SW	SW	4	IRR	
			SE	SW		IRR	
			NW	SE		IRR	

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:

COMBINED INTO A72-10141 CLAIMING ALL OF RIGHT/ 11/30/89 ADM

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 _____

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: A72-00139
Date Received: 11/16/1989
Receipt No: X777777
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SPLIT RIGHT & COMBINED RIGHT

Address: XXXXXXXXXX, ID 00000-00

2. Date of Priority: MAR 01, 1877

3. Source: WARM SPRINGS CREEK Trib. to: SALMON RIVER
SPLIT RIGHT & COMBINED RIGH

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County
01N	01E	1			ADA

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION			2.000		

7. Total Quantity Appropriated is:
2.000 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	19E	13	NE	NE	IRR	
			NW	NE	IRR	
			NE	NW	IRR	

A72-00139

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Date: 11/30/89

MICROFILMED

MAR 19 1993

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
13N	19E	13	SE NW		IRR	

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:

SPLIT RIGHT PLEASE SEE A72-00139A FOR 0.80 CFS.
COMBINED RIGHT INTO A72-10141 *** NOTE THAT THE COMBINED RIGHT
CLAIMS THE ENTIRE 2.0 CFS 11/30/89 ADM

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 _____