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DEPARTMENT OF
WATER RESOURCES

SRBA Form No. 42-1409-2 (Internet 1/09)

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 29-14176

Date Received: _____

Receipt No: _____

Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) Jerre Evans or Monte Evans Phone (208) 335 2168

Mailing Address 5050 Bailey Road Arbon ID Zip 83,121
Street or Box City State

2. Date of Priority: (Only one per claim) 06/01/1894
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☐ or Other ☒ (a) Unnamed Spring
which is tributary to (b) Bannock Creek

4. Location of Point of Diversion is: Township 11S, Range 33E, Section 1,
NW 1/4 of NE 1/4, or Govt. Lot 2 BM., County of Power;

Parcel (PIN) no. _____

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, 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.

Stock drink from spring

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Stockwater purposes from 1/1 to 12/31 amount 0.04 cfs ☒ or AFY ☐

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs ☒ or AFY ☐

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 200 head of cattle and/or horses, or 400 head sheep

9. Location of Place of Use is: Township 11S, Range 33E, Section 1,
NW 1/4 of NE 1/4, Govt. Lot 2 BM. Parcel (PIN) no. _____
If different than shown in Item 4
for (Check One) Domestic ☐ Stock ☒ Domestic and Stock ☐

Additional places of use, if any _____

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

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

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

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

None () _____

13. Remarks:

A) See attached history of Arbon Valley for evidence of priority. B) Attachments include
Motion for Deferred De Minimis claim, Map, History of Arbon Valley

14. Basis of Claim (Check One) Beneficial Use ☒ Posted Notice ☐ License ☐ Permit ☐ Decree ☐

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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 ☐ wish to receive do not ☒ and pay a small annual fee for monthly copies of the docket sheet

Number of attachments: 3

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) *John Evan* Date: 3-19-16

Date: _____

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

Title of _____ Organization

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

Title of _____ Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____