

COPY

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 95-15711

Date Received: 6-2-10

Receipt No: N024647

Received By: me

RECEIVED
JUL - 6 2016
IDWR/NORTHERN

AMENDED
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

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JUN - 2 2010
IDWR/NORTHERN

1. Name of Claimant(s) Jay M Cronk Phone (509) 448-5545

Mailing Address 9426 E. Excelsior Rd. Valleyford, WA 99026
Street or Box City State Zip

2. Date of Priority: (Only one per claim) 5/30/10 5/30/1940 — JC. 7/1/16
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☐ or Other X (a) Wells

which is tributary to (b) _____

4. Location of Point of Diversion is: Township 48 N Range 4 W Section E 6 JC. 7/1/16
SW 1/4 of NW 1/4, or Govt. Lot 5 BM., County of _____

Parcel (PIN) no. 48N04W063900 JC. 7/1/16

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.

2 Hand Dug wells JC. 7/1/16

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

For Domestic purposes from 1/1 to 12/31 amount 1.04 cfs 50 gals per Day
Month/Day Month/Day cfs ☒ or AFY ☐

For Stock purposes from 1/1 to 12/31 amount 50 gals per Day
Month/Day Month/Day cfs ☒ or AFY ☐

7. Total Quantity claimed _____ cfs ☒ or AFY ☐ 50 JC. 7/1/16

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

Stockwater and Number of livestock) Domestic / household JC. 7/1/16

Stockwater / up to 10 head

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9. Location of Place of Use is: Township 48 N, Range 4 W, Section 6

SW 1/4 of NW 1/4, Govt. Lot 5 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? Kootenai

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:

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: _____

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) Jay M. Creek Date: 5/30/10
Date: _____

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

_____ of _____
Title Organization

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

_____ of _____
Title 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. _____

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