

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: A37-11780
Date Received: 10/19/1988
Receipt No: S003062
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ROBERT GARDNER 208-788-2568
Address: BOX 470
BELLEVUE, ID 83313

OR
Name: KATHRYN GARDNER 208-788-2568
Address: BOX 470
BELLEVUE, ID 83313

2. Date of Priority: MAY 05, 1945

3. Source: UNNAMED SPRING Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
02S	19E	3	NE	NE	SE		BLAINE

5. Description of diverting works:
STOCK TROUGHS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.190		

7. Total Quantity Appropriated is:
0.190 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
S/ 800 BEEF

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Date: 10/19/88

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
02S	19E	3	NE	SE		STOCK	

11. Place of use in counties: BLAINE

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

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: 1

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): Robert Gardner Date: 10-19-88

Date: _____

State of Idaho

County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 19th day

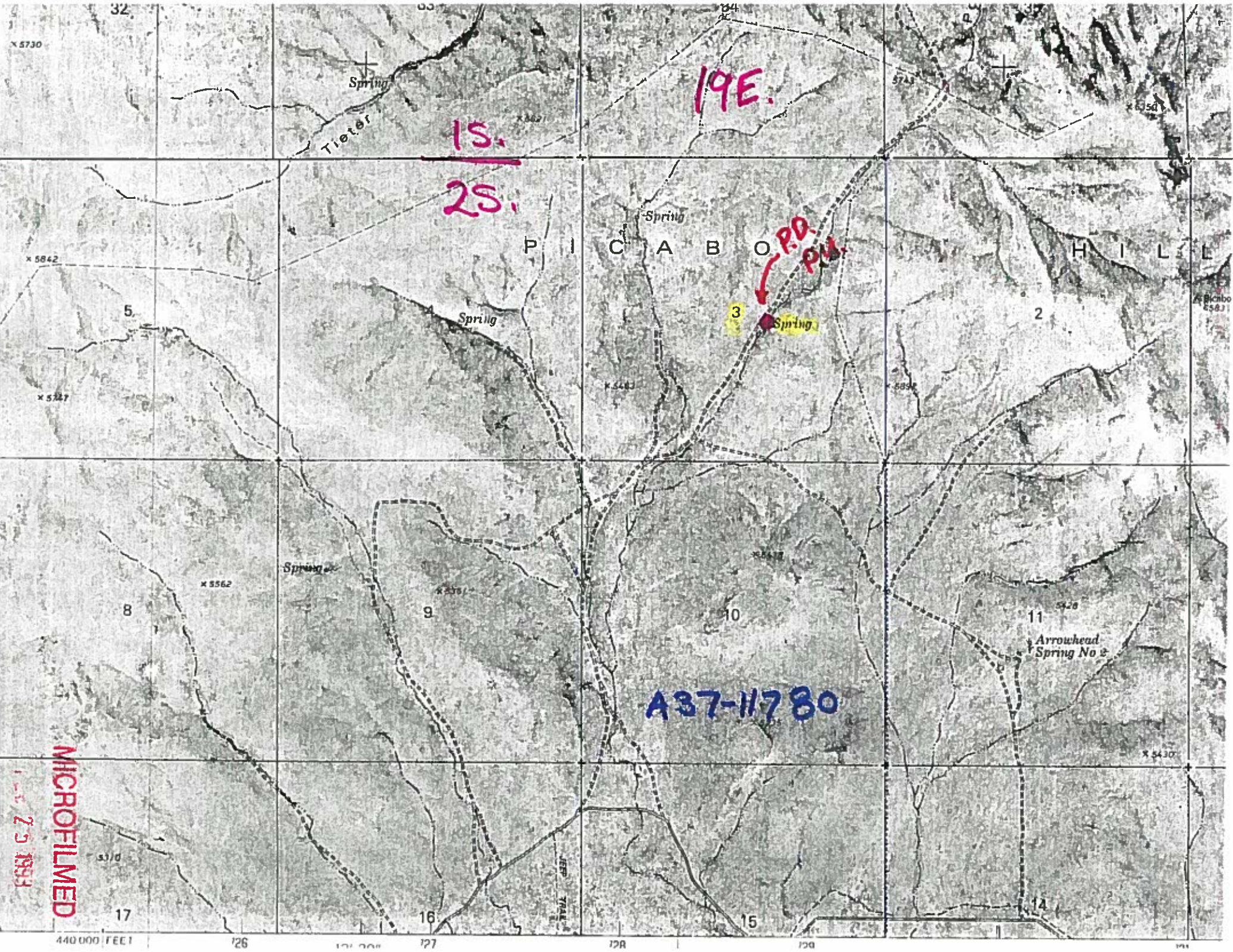
of October 19 88

Roxanne Storey
Notary Public

Seal

Residing at Buhl, Id

My Commission Expires 6-30-94



19E.

1S.

2S.

P.O.
PH.

3

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