

01/30/2004

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 23-28

NAME AND ADDRESS: JO ANN WEEKS
45785 COUNTRY RD #16
COPE ID 80812

SOURCE: RAINEY CREEK

TRIBUTARY: SOUTH FORK SNAKE RIVER

QUANTITY: 0.400 CFS

USE OF THIS RIGHT WITH RIGHTS LISTED BELOW IS LIMITED TO A TOTAL
COMBINED DIVERSION RATE OF 1.0 CFS. COMBINED RIGHT NOS.:
23-00028 AND 23-00029.

PRIORITY DATE: 07/01/1899

POINT OF DIVERSION:
T02N R44E S34 NWNWSW Within BONNEVILLE County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	04/15 10/31	0.400 CFS

PLACE OF USE: IRRIGATION Within BONNEVILLE County

T01N R44E S09	NWNW	38.0	T01N R44E S09	SWNW	39.0
T01N R44E S09	SENW	40.0	T01N R44E S09	NWSW	39.0

156 ACRES TOTAL

USE OF THIS RIGHT WITH THE RIGHTS LISTED BELOW IS LIMITED TO THE
IRRIGATION OF A COMBINED TOTAL OF 156.0 ACRES IN A SINGLE
IRRIGATION SEASON. COMBINED RIGHT NOS.: 23-00028, 23-00029,
23-7017.

THIS RIGHT IS LIMITED TO THE IRRIGATION OF 20.0 ACRES WITHIN THE
PLACE OF USE DESCRIBED ABOVE IN A SINGLE IRRIGATION SEASON.

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for
the definition of the rights or for the efficient administration of the water
rights as may be ultimately determined by the Court at a point in time no
later than the entry of a final unified decree. Section 42-1412(6), Idaho
Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Decreed

RIGHT NOS. 23-00028 AND 23-00029 ARE ALSO DIVERTED THROUGH
POINT OF DIVERSION DESCRIBED ABOVE.



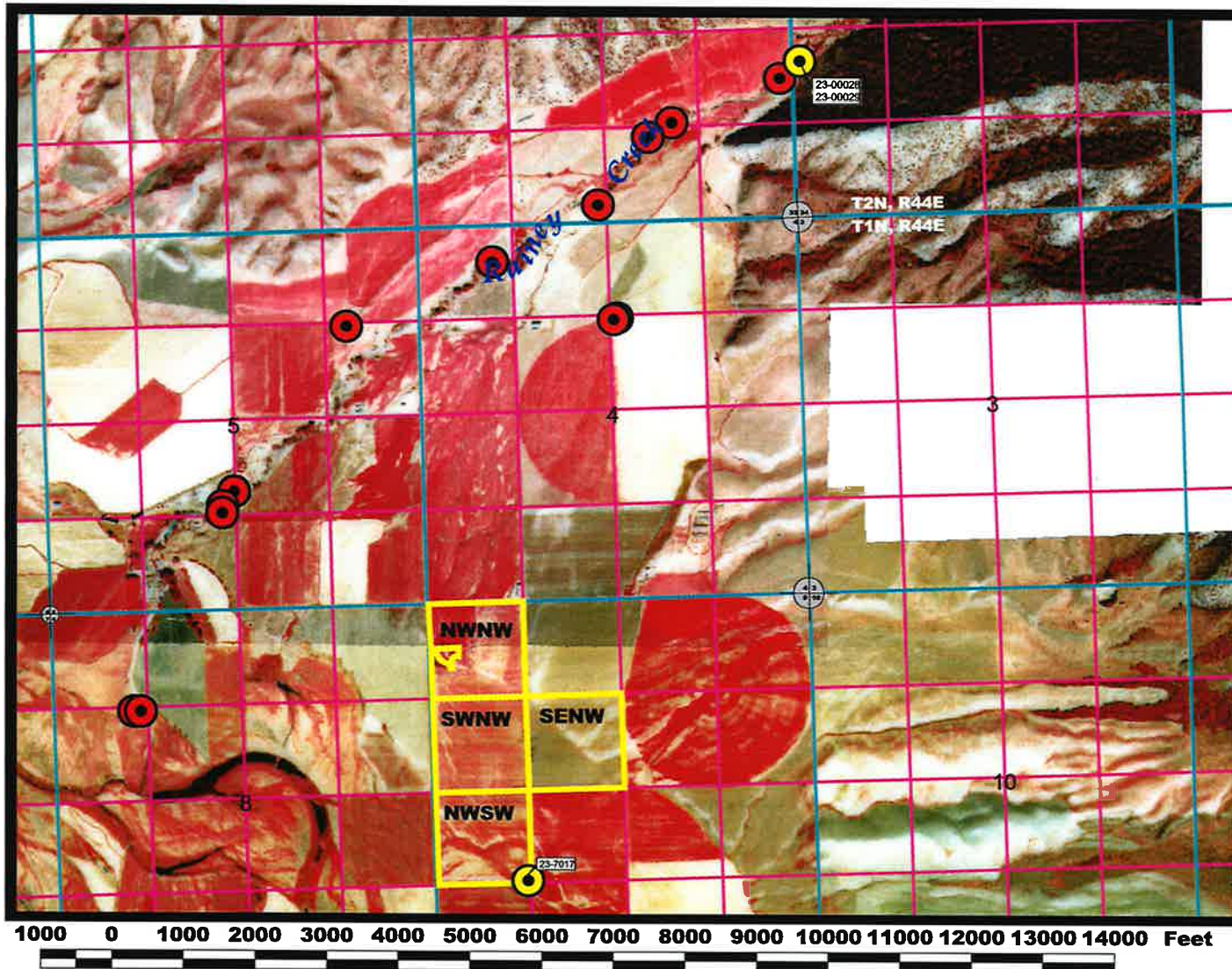
JUL 06 2004

SCANNED

State of Idaho

Department of Water Resources

Eastern Region



Water Right(s):

23-00028,
23-00029,
23-07017

Place of Use: (parts of)
T1N, R44E Sec. 9
W2NW, SENW, NWSW

Point(s) of Diversion:
(surface) T2N, R44E
Sec. 34 NWNWSW
(well) T1N, R44E
Sec. 9 SENWSW

LEGEND

-  Point of Diversion
-  SESE Place of Use
-  Section
-  Quarter-Quarter



GIS Place of Use Illustration
1987/1988 NAPP Photography
Prepared by: A. Ruberry
Date: January 2004

Log for claim 23-00028

Spatial Dynamics CAT

2/13/01

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
01n44e	9	NWNW	40	40	
01n44e	9	SWNW	40	40	
01n44e	9	SEnw	40	40	
01n44e	9	NWSW	40	40	
Totals:			160	160	

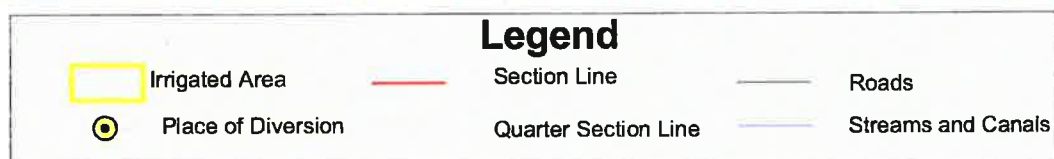
SCANNED

JUL 06 2004

Water Right Claim Number 23-00028

Township , 1N44E

02/13/2001

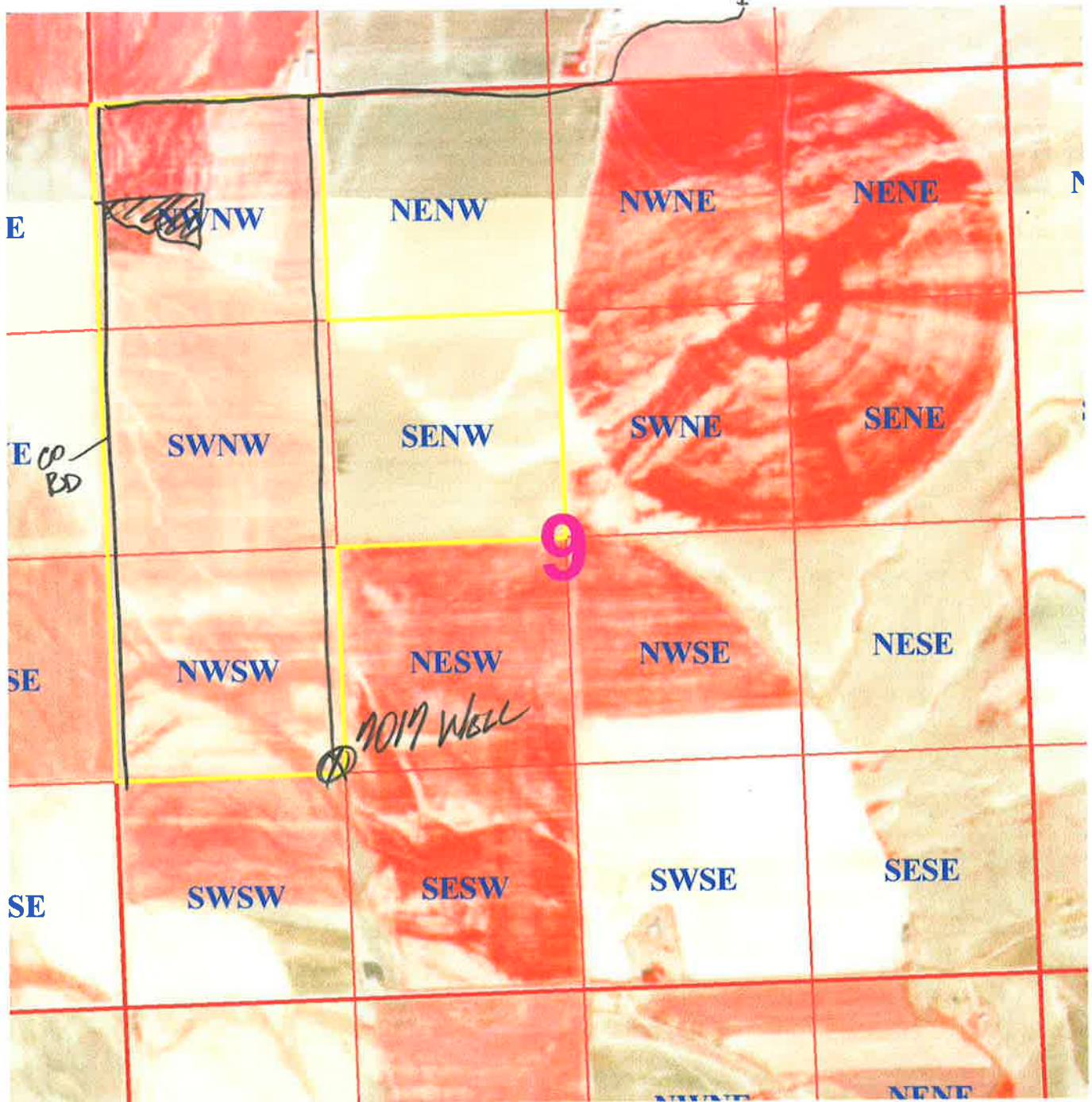


2000 0 2000 4000 6000 Feet

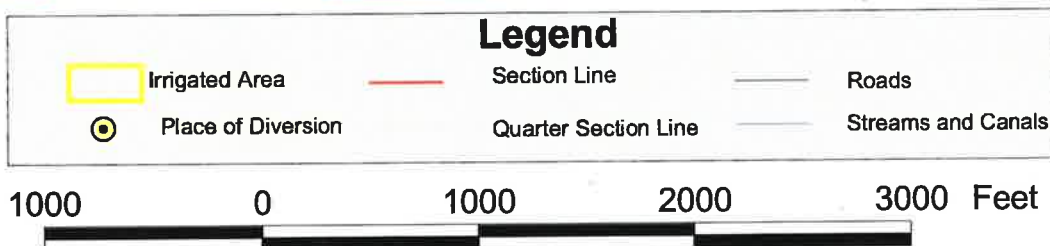


SPATIAL
DYNAMICS

02/13/2001



10/09/03
SAR
MID



SPATIAL
DYNAMICS

01/30/2004

**NOTICE OF ERROR
REPLY**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:

Water right number: 23-28

JO ANN WEEKS

45785 COUNTRY RD #16

COPE ID 80812

Telephone Number: (970) 357-4399

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

X I AGREE with this proposed recommendation: no changes need to be made.

DATE: 3-4-04

SIGNATURE:

Steve Weeks P.O.A. Jo Ann Weeks

Please print your name: STEVE WEEKS

IDWR Regional Office,

RECEIVED

APR 30 2004

Department of Water Resources
Eastern Region

Contacts Data Entry Form

Water Right No. 23-0028

Owner Type	Full Name	Address	City	State	Zip	Phone
Current Owner	<u>LUSSOE WEEKS BROS.</u>	<u>(ARVEY WEEKS - OWNER)</u>				<u>403-3072</u>
Name connector: and	or, and/or					
Current Owner						
Current Owner	<u>% to J. ANN (wife); Steve Weeks (son - Rep by POA)</u>					

Representing Attorney: _____ Phone Number: _____

Accompanied By: _____ Phone Number: _____

Relationship to Claimant: _____

Date of Field Exam: _____ Time: _____

Directions to Property (if different from above) and/or update owner information:

DISCREET LINDSEY RICHARDSON TRNG vs TETON TRNG, 1910.
AS #200, TO C.S. DIXON, July 1, 1899, FROM FAINBY CLK @
20."

Do WITH

29-00028

00029

~~07000~~

07017

§42-202²²⁰ IC

* PROBLEM: PPH w/ 23-28 & 23-29 = $E_D = 1.0 cfs$ (@ 0.02 cfs/ac)
 THIS ALLOWS IRRIG OF 50 ACRES. 23-28 IS LIMITED TO 20 AC.
 23-29 IS LIMITED TO 30 AC - CLAIMS 160 AC - ANY OTHER Rts? $\leftarrow$
 OR IS AN ENCLAVE... CLAIM REQ'D?
 IS INDICATED: PDD(s), PDD, System Layout
 OVERLAP w/ 23-29

SEE 23-7017
 YES. SEE POU
 PAGE, HEREIN.

Reviewer: _____

Date: _____

Priority Date Data Entry Form

Claim Number: _____

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: 7/01/1899 Claimed Basis: DECREEDRecommended Priority Date: 7/01/1899 Recommended Basis: DECREED☐ Use Claimed Priority Date and Basis as Recommended Priority Date and Basis

Document the evidence submitted/reviewed for the priority date claimed, include your analysis of the evidence:

PRIORITY MATCHES DECREED - SO RECOMMENDED.

Reviewer: _____

Date: _____

Point of Diversion and Source Data Entry Form

Claim Number: _____

Water Right Point of Diversion: T____, R____, Sec. _____, _____, _____, _____ County: _____

Source: _____ Tributary: _____

Claimed Point of Diversion: T____, R____, Sec. _____, _____, _____, _____ County: _____

Source: _____ Tributary: _____

Recommended Point of Diversion: T____, R____, Sec. _____, _____, _____, _____ County: _____

Source: _____ Tributary: _____

☐ Use Claimed POD and Source as Recommended POD and Source

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source
2N	44E	34		NWNWSW	BONN	RAINB CK

TRIB
SNAKE RIV.

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

GPS Coordinates: _____

Other rights from this POD? _____

Document how the POD and Source were verified and/or Pump and Motor data:

Transfers Changing POD _____

Reviewer: _____

Date: _____



23-00028, 23-00029

10/02/03 ARE

Rainey Creek Division

NW1/4 Sec. 34 T2N R44E

Place Of Use Data Entry Form

Claim Number: _____

_____ Use Claimed POU as Recommended POU

Claimed Place of Use

Tw	Rge	Sec	QQ	Q	County	Lot Num	Acres	Purpose of Use

Total Acres _____

Recommended Place of Use

Tw	Rge	Sec	QQ	Q	County	Lot Num	Acres	Purpose of Use

Total Acres _____

Document how the POU was verified:

Partial Overlap in NW1/4 & SE1/4 Sec. 9 with 29-1000.Partial Overlap in W1/4 NW, SE1/4, & NW1/4 Sec. 9 w/ 29-07017.Q: How does this system work - Schematic of system is needed.Not planned as Dec 2000

Transfers Changing POU _____

Reviewer: _____

Date: _____

Period of Use and Quantity Data Entry Form

Claim Number: _____

☐ Use Claimed Period of Use and Quantity as Recommended Period of Use and Quantity**Water Right Period of Use and Diversion Rate**

Water Use	Start	End	Rate	Volume
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____ Overall Diversion Volume _____

Claimed Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____ Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____ Overall Diversion Volume _____

Document how the Period of Use and/or Diversion Rate were verified:

Reviewer: _____

Date: _____

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED

JAN 12 2001

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
Incomplete forms will be returned.

Department of Water Resources
Eastern Region

Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
23-7017					
23-00028					
23-00029					

2. The following **REQUIRED** information must be submitted with this form:

A. The appropriate **FILING FEE**. See instructions for fee amounts.

B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.

C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) are for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

Airney A. Weeks
Box 7

4. New Owner/Claimant(s)

Swan Valley Idaho 83449
Name Connector (Check one): [] and, [] or, [] and/or

New Mailing Address

JoAnn Weeks & Steve Weeks P.O.A.
45785 CR16 Cape Colorado 80812

City, State and ZIP Code

New Telephone Number

(970) 357 4399

5. Date you acquired the property

7-1-98

If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT
(If the right(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number _____

Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	

DESCRIPTION OF YOUR PORTION OF WATER RIGHT
(If the right(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number _____

Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	

7. Signature of New Owner(s) or Claimant(s)
(include title if applicable)

Jo Ann Weeks by Stone Weeks P.C.A.

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only

Received by _____	Date _____	Fee _____
Received by _____	Date _____	Receipt No. _____
Processed by _____ AJ	Date _____	WR _____ Date _____

CERTIFICATION OF VITAL RECO

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE CENTER FOR VITAL STATISTICS AND HEALTH POLICY State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 20-2401 & 20-2724

State File No. _____
Local Reg. No. 55

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. NAME OF DECEDENT: For use by physician or institution	DECEDENT — NAME ARVEY A. WEEKS		SEX MALE	DATE OF DEATH (Month, Day, Year) July 01, 1998	
	SOCIAL SECURITY NUMBER 518-42-9298	AGE — Last Birthday (Yrs) 88	UNDER 1 YEAR MONTHS _____ DAYS _____	UNDER 1 DAY HOURS _____ MINUTES _____	DATE OF BIRTH (Month, Day, Year) November 14, 1909
	BIRTHPLACE (City and State or Foreign Country) Swan Valley, Idaho		WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		
	PLACE OF DEATH (Check only one) (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA (4) ☒ Long-Term Care Facility (5) ☐ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify) _____		FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) Rexburg Nursing Center 660 S. 200 W.		
CITY, TOWN OR LOCATION OF DEATH Rexburg, Idaho		COUNTY OF DEATH Madison		DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Rancher	
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Joann Jordin		KIND OF BUSINESS / INDUSTRY Livestock	
RESIDENCE STATE Idaho	COUNTY Madison	CITY, TOWN OR LOCATION Rexburg	STREET AND NUMBER 660 South 200 West	ZIP CODE _____	
INSIDE CITY LIMITS? ☒ Yes ☐ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE — American Indian, Black, Japanese, White, etc. (Specify) White	
FATHER — NAME Samuel James Weeks		BIRTHPLACE Idaho	MOTHER — FULL MAIDEN NAME Minnie Alice Daniels		
INFORMANT'S NAME (Type/Print) Joann Weeks (Wife)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 07- Swan Valley, Idaho 83449			
METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fielding Memorial Park			
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON CARRYING AS SUCH <i>[Signature]</i>		LICENSE NUMBER MRT-813	NAME AND ADDRESS OF FACILITY Buck-Miller-Hann Funeral Home		
TIME OF DEATH 4:30 AM		DATE PROMULGED DEAD (Month, Day, Year) July 01 1998	WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No	MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
27 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Cerebral Arteriosclerosis with dementia several months</i> b. DUE TO (or as a consequence of) _____ c. DUE TO (or as a consequence of) _____ d. DUE TO (or as a consequence of) _____					
27 PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. _____					
CERTIFIER (Check only one) ☐ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☒ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			
NAME AND ADDRESS OF CERTIFIER (Type/Print) Lester J. Petersen M.D. 1 Professional Plaza Rexburg, Idaho 83440		LICENSE NUMBER M2477	DATE SIGNED (Month, Day, Year) 7-1-98		
DATE OF INJURY (Mo., Day, Yr.) _____		HOUR OF INJURY _____	DESCRIBE HOW INJURY OCCURRED _____		
INJURY AT WORK? ☐ Yes ☒ No		IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____			
CORONER'S ACTION (Check One) (1) ☐ Reviewed Only (2) ☐ Reviewed and/or Amended, and Certified		CORONER'S SIGNATURE <i>[Signature]</i>			
REGISTRAR'S SIGNATURE <i>[Signature]</i>		DATE FILED (Month, Day, Year) July 7, 1998			

VITAL STATISTIC'S COPY

*At a minimum, complete items 1; 3; 9a, b, c, d; 21a, b, 22; and 29e for the 24 Hour Report & Authorization For Final Disposition

94746

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: *July 8, 1998*

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, JOANN WEEKS, of the County of Bonneville, State of Idaho, have made, constituted, and appointed and by these presents do make, constitute, and appoint my son, STEVE WEEKS, of the County of Bonneville, State of Idaho, and state my true and lawful attorney-in-fact to act for me and in my name, place, and stead, and to transact any and all business concerning any and all property, real, personal, or mixed, which I may own or in which I now or may hereafter have any interest whatsoever, including any property over which I exercise authority as guardian and conservator.

Without excluding any other powers conferred herein, and not in limitation thereof, I do especially authorize my attorney-in-fact to sell, convey, release, mortgage, or otherwise alienate or encumber any and all such property, real, personal, or mixed, or any interest therein, including real estate, personal effects, automobiles, securities, bank accounts, and other chooses which I may own or in which I may have any interest whatsoever now or in the future, and to execute in my name and deliver all written instruments necessary for the accomplishment of any or all the above enumerated powers, to commence and carry on, or defend, all actions and proceedings touching my property, real, personal, or mixed, or any part thereof; also to demand, sue for, enforce payment of, receive and give discharges for all monies, securities for money, debts, chattels, or other personal or real estate now or hereafter belonging to me.

My said attorney-in-fact is further authorized to make purchases at mercantile establishments and to charge the same to me, thereby making me financially responsible for the same. My attorney-in-fact is authorized to endorse for me and in my name any and all checks from whatever source, representing amounts of money due me for any reason whatsoever; to withdraw funds from my bank accounts, and to sign checks and drafts against such accounts, and to transact any and all business pertinent thereto.

The purpose and intent of this Power of Attorney is to clothe my attorney-in-fact with all power and authority over my property, business and personal affairs, including any and all property in which I may now or hereafter have any interest whatsoever, and whether situated within or without the State of Idaho, to the same extent and with the same power and authority which I myself might exercise, and such power and authority is hereby expressly so conferred; hereby ratifying and confirming each and everything my attorney-in-fact shall do or propose to do by virtue of these presents. In conformity with the provisions

of Idaho Code Section 15-5-501, et seq., this Power of Attorney shall not be affected by the subsequent disability or incapacity of the principal, JOANN WEEKS.

DATED this 10th day of June, 1997.

Joann Weeks
JOANN WEEKS

STATE OF IDAHO)
) ss.
County of Bonneville)

ON THIS 10th day of June, 1997, before me,
Daniel R. Traugott, a Notary Public in and for said State,
personally appeared JOANN WEEKS, known or identified to me to be
the person whose name is subscribed to the within instrument, and
acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed my official seal the day and year in this certificate
first above written.



Daniel R. Traugott
Notary Public for Idaho
Residing at: Swan Valley, ID
My Commission Expires: 1-19-2002

INSTRUMENT NO.	<u>947530</u>
DATE	<u>7-27-97</u>
INST. CODE	<u>950</u>
FICHE NO.	<u>2463-17</u>
FEE	<u>10.00</u>
STATE OF IDAHO) COUNTY OF BONNEVILLE) ss. I, <u>Ronald Longmore</u> , County Recorder, do hereby certify that the within instrument is a true and correct copy of the original as recorded in my office.	
By <u>Daniel R. Traugott</u> Deputy Request of <u>Hopkins, Roder</u>	

97 JUL 29 PM 4 24

BONNEVILLE COUNTY
RECORDER

947530

210

X

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: A23-00028
Date Received: 8/16/1989
Receipt No: 6009979
Received By: SSJ

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ARVEY WEEKS 208-483-3361
Address: SWAN VALLEY, ID 83449
OR
Name: WEEKS BROTHERS 208-483-3361
Address: C/O STEVE WEEKS
P.O. BOX 25
SWAN VALLEY, ID 83449

A2300028



2. Date of Priority: JUL 01, 1899

3. Source: RAINEY CREEK, UPPER Trib. to: SNAKE RIVER, SOUTH

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
02N	44E	34	NW	NW	SW		BONNEVILLE

5. Description of diverting works:
HEAD GATE IN STREAM TO DITCHES. REDIVERSION INTO MAINLINE/SPRINK

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.400		

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

8. Total consumptive use is 400.0 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

A23-00028

Page 1

Date: 08/16/89

MICROFILMED
NOV 07 1992

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
01N	44E	9	NW	NW		IRR	40.0
			SW	NW		IRR	40.0
			SE	NW		IRR	40.0
			NW	SW		IRR	40.0

Section Acres 160.0

Total Acres 160.0

11. Place of use in counties: BONNEVILLE

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

13. Other Water Rights Used:
23-00029,

14. Remarks:

P/D AND P/U INCOMPLETE IN DECREE.

WEEKS BROTHERS ARE LEASING FARM FROM ARVEY WEEKS WHO IS THE
LAND OWNER.

15. Basis of Claim: DECREED

Case Number:

Court :

Decree date: 12/16/1910

REXBURG IRRIGATION CO. ET AL
Decree Plaintiff

vs

TETON IRR. CANAL CO. ET AL.
Decree Defendant

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 Organizations:

I do solemnly swear or affirm that I am President of
Title
Weeks Bros Inc, that I have signed the foregoing
Organization
document in the space below as President of
Title
Weeks Bros Inc and that the statements contained in the
Organization
foregoing document are true and correct.

Steve Weeks
Signature of Authorized Agent

Pres Weeks Bros Inc
Title and Organization

8/25/89
Date

State of Idaho)
County of Bonneville) SS.

Subscribed and sworn (or affirmed) before me this 25 day
of August 19 89

[Signature]
Notary Public

Seal

RESIDING AT IDAHO FALLS, IDAHO
MY COMMISSION EXPIRES 6-22-1994

Residing at _____

My Commission Expires _____

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PROPERTY

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