

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: A37-12908
Date Received: 3/21/1989
Receipt No: S006623
Received By: _____

COPY FOR
YOUR FILES

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

COPY FOR
YOUR FILES

1. Name: DON MC FARLAND 208-734-0004
Address: 350 FALLS AVE
TWIN FALLS ID 83301

AND/OR

Name: CAROL MC FARLAND 208-734-0004
Address: 350 FALLS AVE
TWIN FALLS ID 83301

2. Date of Priority: JAN 1, 1951

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
06S	14E	27		SE	SE		GOODING

5. Description of diverting works:
WELL AND PUMP .

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.240		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/10 MOBILE HOME PADS

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
06S	14E	27	SE	SE		DOMEST	

11. Place of use in counties: GOODING

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

13. Other Water Rights Used:
NONE

14. Remarks:

1/14/98, DJ: CLAIM AMENDED TO DECREASE FLOW TO BE EXEMPT FROM
WATER MEASUREMENT DISTRICT. CLAIM IS NON-DE MINIMIS.

15. Basis of Claim: BENEFICIAL USE

RECEIVED
NOV 06 1998
Department of Water Resources
Southern Region

STATE OF IDAHO
IDAHO DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

RECEIVED
NOV 04 1998
Department of Water Resources

Please print or type. Attach pages with additional information. Instructions are on the back of this page.
Incomplete forms will be returned.

1. Water Right or Adjudication Claim No(s): A 37-12908
2. The following **REQUIRED** information must be submitted with this form:
 - A. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water rights or claims in question, **WITH ATTACHED LEGAL DESCRIPTION.**
 - AND**
 - B. **PLAT OF PROPERTY** or **SURVEY MAP** for parcel of ten acres or less. (These are usually attached to your deed or on file with the county.)
 - OR**
 - C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency **AERIAL PHOTO** with irrigated acres outlined and point(s) of diversion clearly marked.
3. Name and Address of Former Owner/Claimant _____
4. New Owner/Claimant(s) DON + CAROL McFARLAND
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
 New Mailing Address 350 FALLS AVE
 City, State and ZIP Code TWIN FALLS, IDAHO 83301
 New Telephone Number (208) 734-0004
5. Date you acquired the property 1985
6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.
 Number of acres you irrigate 0 Number and type of stock 0
 Diversion rate in CFS _____ Number of homes 9 Other uses _____
 If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.
7. Signature of New Owner or Claimant(s) Don McFarland
- Corporations or other organizations must submit a list of directors and/or officers demonstrating authority to sign this form.
8. For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him or her for all matters related to your claims.

data entered 11/16/98 cc

AJ5809NP
No. A37-12908

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 07/28/98
PAGE: 45

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	DON MC FARLAND	01/01/1951	DOMESTIC	01-01 12-31	0.24 CFS	
C	CAROL MC FARLAND					
	PO BOX 268					
	EDEN ID 83325					
				TOTAL DIVERSION:	0.24 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion:

T06S R14E S27

SESE

GOODING County

Place of use Legal Description for: DOMESTIC

	NE				NW				SW				SE			
	NENE	NWNE	SWNE	SENE	NENW	NWNW	SWNW	SENW	NESW	NWSW	SWSW	SESW	NESE	NWSE	SWSE	SESE
T R S	: Lt	Ac	Lt	Ac	: Lt	Ac	Lt	Ac	: Lt	Ac	Lt	Ac	: Lt	Ac	Lt	Ac
06S 14E 27	:		:		:		:		:		:		:		:	D

POU County: GOODING

Non-Irrigation Uses: D/10 MOBILE HOME PADS

Other Rights: NONE

Remarks: EXP 1/14/98, DJ: CLAIM AMENDED TO DECREASE FLOW TO BE EXEMPT FROM
WATER MEASUREMENT DISTRICT. CLAIM IS NON-DE MINIMIS.

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:
Presumption Flag:



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

November 16, 1998

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

DON MC FARLAND
CAROL MC FARLAND
350 FALLS AVE
TWIN FALLS ID 83301

RE: Snake River Basin Adjudication (SRBA).
Notice of Claims No. A37-12908
Change of Address Notification

Dear Claimant(s):

Thank you for notifying us of your change in Address on the water right claim(s) referenced above. Our records have been updated accordingly.

If you have any questions, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script that reads 'Cheryl Cather'.

Cheryl Cather
Records Clerk, SRBA

enc

AJ5856NP

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: SEP-5-1997

PAGE: A-94

RIGHT NUMBER: 37-12908

NAME & ADDRESS: DON MC FARLAND
CAROL MC FARLAND
PO BOX 268
EDEN ID 83325

see below

SOURCE: GROUNDWATER

QUANTITY: 0.28 CFS

PRIORITY DATE: 01/01/1951

POINT OF DIVERSION: T06S R14E S27 ✓ SESE ✓ Within GOODING County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC D/10 MOBILE HOME PADS	01-01 12-31	0.28 CFS

PLACE OF USE: DOMESTIC Within GOODING County
T06S R14E S27 ✓ SESE ✓

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

RPO6S14E 279590 (T06S R14E S27)
(See Arouer Park)
Don & Carol McFarland
350 Falls Ave.
Twin Falls, ID
83301

Verified by MC Date: 7-16-98

Verification Source: computer map



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

April 10, 1998

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

DON & CAROL MC FARLAND
PO BOX 268
EDEN ID 83325

RE: Claim amendments: A37-12905, A37-12906, A37-12908, A37-12910

Dear Mr & Mrs McFarland:

Please find the enclosed copies of the amended claims referenced above. These amendments reduce the claimed flow rate to below the threshold for inclusion in the West Measurement District. Review the computer record against the yellow copy of the submitted amendment to check for errors or omissions. Contact this office if you have concerns or questions.

Sincerely

A handwritten signature in cursive script, appearing to read 'Douglas Jones'.

Douglas Jones, P.E.
Water Rights Supervisor
Southern Adjudication Unit

enc

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: **A37-12908**
Date Received: 3/21/1989
Receipt No: S006623
Received By: _____

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

AMENDED

1. Name: DON MC FARLAND
Address: PO BOX 268
EDEN ID 83325

AND/OR

Name: CAROL MC FARLAND
Address: PO BOX 268
EDEN ID 83325

2. Date of Priority: JAN 1, 1951

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
06S	14E	27		SE	SE		GOODING

5. Description of diverting works:
WELL AND PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.240		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/10 MOBILE HOME PADS

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
06S	14E	27	SE	SE		DOMEST	

11. Place of use in counties: GOODING

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

13. Other Water Rights Used:
NONE

14. Remarks:

1/14/98, DJ: CLAIM AMENDED TO DECREASE FLOW TO BE EXEMPT FROM
WATER MEASUREMENT DISTRICT. CLAIM IS NON-DE MINIMIS.

15. Basis of Claim: BENEFICIAL USE

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 A37-12908

Date Received _____

Receipt Number _____

RECEIVED

DEC 29 1997

Department of Water Resources
Southern Region

NOTICE OF CLAIM
TO A

WATER RIGHT

ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) DON AND/OR CAROL McFARLAND Phone (208) 825-5256Mailing Address P.O. Box 268, EDEN, ID Zip 833252. Date of Priority (Only one (1) per claim) 01/01/19513. Source of water supply (a) single well-domestic
which is tributary to (b) N/A4. a. Location of existing point of diversion is: Township 06S Range 14E Section 27,
SE 1/4 of SE 1/4 of _____ 1/4, Govt. Lot, E. B.M., County of GoodingAdditional points of diversion if any: N/A

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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.submersible pump & pressure system.

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Domestic purposes from 01-01 to 12-31 amount .24 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .24 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Domestic / 10 mobile home pads.

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
06S	14E	27																D	

Total number of acres irrigated N/A

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

12. Do you own the property listed above as place of use? Yes ☒ No ☐
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None ☒

14. Remarks:

Last Name McFarland Ident No. A37-12908

Copies: White -State, Yellow-Claimant

Scale: 2 inches equals 1 mile

A 16x16 grid of squares. Each square contains a crosshair pattern formed by two dashed lines intersecting at the center. The lines are oriented horizontally and vertically. The grid is composed of 16 columns and 16 rows of these squares.

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number A37-12908
Court _____ Case Number _____ Decree Date _____
Plaintiff vs 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 _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) X *Don McFarland* Date *Dec 29, 1997*

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____

_____ Title _____
of _____, that I have signed the foregoing
Organization

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 _____

Title and Organization _____ Date _____

State of Idaho/or _____)
County of Quinn) SS.

Subscribed and sworn (or affirmed) before me this 29th day of December 19 97

SEAL

Notary Public *Deborah M. Fountain*

Residing at *Filer Idaho*

My Commission Expires *7/13/2000*

Please Print Name Deborah m. Fountain

17. Notice of Appearance:

Notice is hereby given that I, _____ will be acting as attorney at law on 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 _____

Address _____

Date _____

Last Name McFarland Ident. Number A37-12908

AJ5809NP
No. A37-12908

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 07/10/97
PAGE: 12

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	DON MC FARLAND	01/01/1951	DOMESTIC	01-01 12-31	~~0.28 CFS~~	1.24
C	CAROL MC FARLAND					
	PO BOX 268					
	EDEN ID 83325			TOTAL DIVERSION:	~~0.28 CFS~~	1.24

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion: T06S R14E S27 SESE

GOODING County

Place of use Legal Description for: DOMESTIC

NE				NW				SW				SE													
T	R	S	: Lt Ac Lt Ac Lt Ac Lt Ac	:	NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:	
06S	14E	27	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:

POU County: GOODING

Non-Irrigation Uses: D/10 MOBILE HOME PADS

Other Rights: NONE

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag: Presumption Flag:

Under receipt 5006623 there was \$78 in fees paid. After amendment the total fees are \$74; therefore no additional fee is due.

4/10/98

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: A37-12908
Date Received: 9/01/1988
Receipt No: S006623
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DON MC FARLAND
Address: P.O. BOX 268
EDEN, ID 83325

AND/OR

Name: CAROL MC FARLAND
Address: P.O. BOX 268
EDEN, ID 83325

2. Date of Priority: JAN 01, 1951

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
06S	14E	27	SE	SE			GOODING

5. Description of diverting works:
WELL AND PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.280		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/10 MOBILE HOME PADS

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
06S	14E	27	SE SE		DOMEST	

11. Place of use in counties: GOODING

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: _____

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 A37-12908
Date Received _____
Receipt Number 5006623

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Don & Carol McFarland Phone (208) 825-5258
Mailing Address P.O. Box 268, Eden ID Zip 83325

2. Date of Priority (Only one (1) per claim) 01-01-1957

3. Source of water supply (a) Groundwater
which is tributary to (b) _____

4. a. Location of existing point of diversion is: Township 6S Range 14E Section 27,
_____ 1/4 of SE 1/4 of SE 1/4, Govt. Lot, _____ B.M., County of Gooding

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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.

well & pump

MICROFILMED
MAR 01 1993

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Domestic purposes from 01 to 12-31 amount .28 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .28 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) 10 Mobile Home Pools

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
6S	14E	27																D	

Total number of acres irrigated _____

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

12. Do you own the property listed above as place of use? Yes XX No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above. _____ or None (X)

14. Remarks:

MICROFILMED

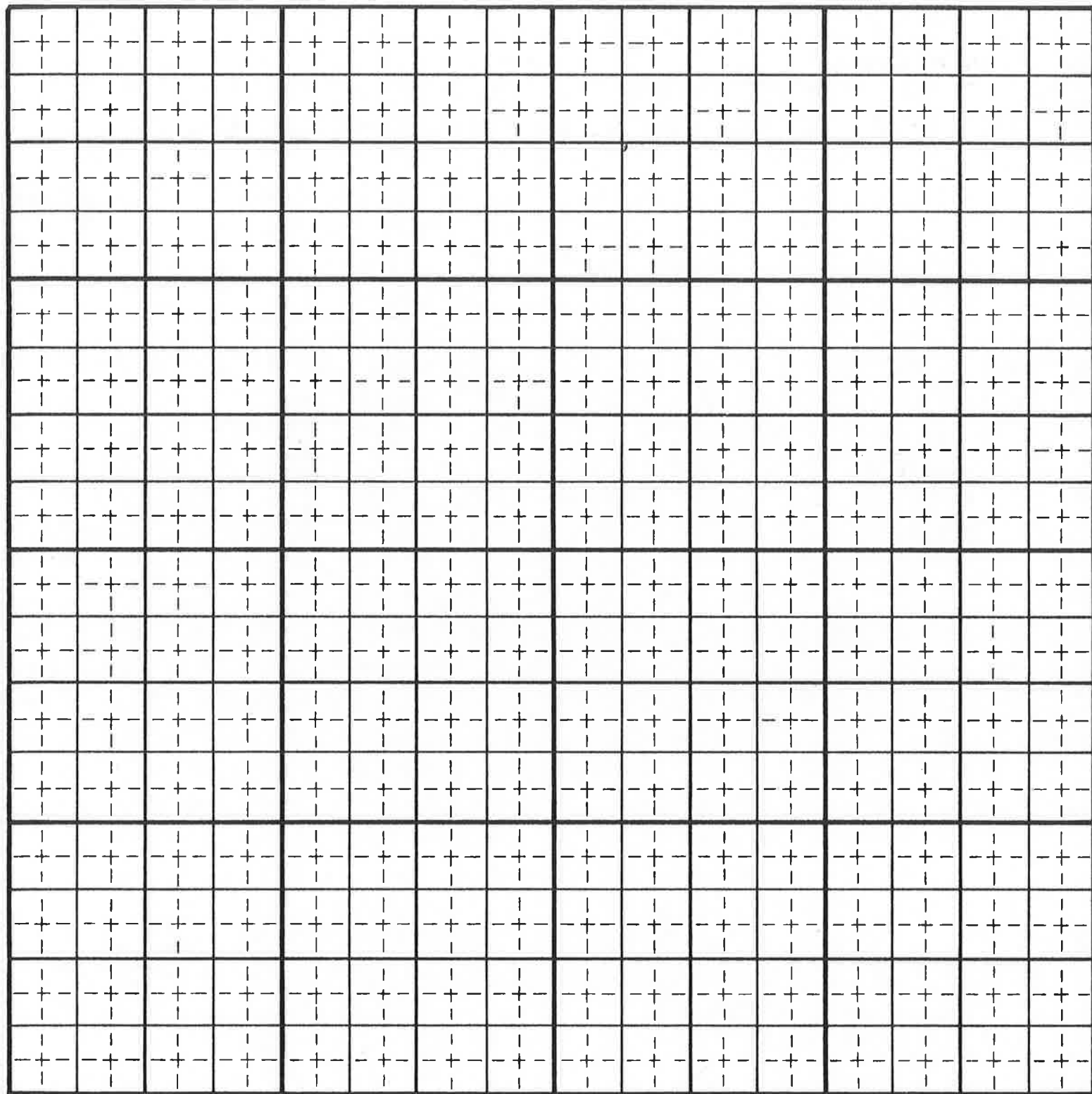
MAR 11 1993

Last Name McFarland Ident No. _____

Copies: White - State, Yellow - Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



Last Name McFarland

Ident No. _____

Copies: White-State, Yellow-Claimant

10. Place a "D" for domestic and "S" for stockwater use in the corresponding place of use below.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4			
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4
6S	14E	27																D

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

12. Do you own the property listed above as place of use? Yes X No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (X)

14. Remarks: _____

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____

If applicable provide IDWR Water Right Number _____
Court _____ Case Number _____ Decree Date _____
Plaintiff vs 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 X do not
wish to receive and pay a small annual fee for monthly copies of the docket sheet.
Number of attachments _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true
and correct.

Signature of Claimant (s) Don McFarland Date 9/1/88

Date _____

For Organizations: I do solemnly swear or affirm that I am _____ Title _____
of _____, that I have signed the foregoing
Organization
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 _____

Title and Organization _____ Date _____

State of Idaho/or _____)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 15th day of September 1988

SEAL

Notary Public

Residing at

My Commission Expires

Last Name McFARLAND Ident No. _____

Copies White-State, Yellow-Claimant

Chris B. Hernandez
Twin Falls **MICROFILMED**
10-31-88 **MAR 01 1993**



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

1/30/89

Nelson - Rosholt
RE: McFarland

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # _____ for \$ _____ which you submitted to our office. I am returning these pursuant to Rule 10,4 of the Department's Adjudications Rules and Regulations. In checking your claim it appears that the following items need clarification: (Please review enclosed instructions and use enclosed form to refile claim)

- [] Item #1 Name - Address
- [X] Item #2 Priority
- [] Item #3 Source
- [] Item #4 Point of Diversion Legal Description
- [X] Item #5 Description of Diversion Works
- [] Item #6 Uses descriptions
- [] Item #7 Total Diversion Rate
- [] Item #8 Total Consumptive Use
- [X] Item #9 Description of Non-irrigation Uses
- [] Item #10 Place of Use Legal Description
- [] Item #11 County of Place of Use
- [] Item #12 Ownership of Property
- [] Item #13 Other water rights for same uses
- [] Item #14 Remarks
- [] Item #15 Basis of Claim
- [] Item #16 Signature & Notorization
- [] Improper fee (THE CORRECT FEE IS \$ _____)

May need
permit

50 + 28 = 1878

If you will make any necessary corrections and return the documents with the correct fee before March 1, 1989, your filing will not be assessed an additional late filing fee. Please do not hesitate to contact this office if you have any questions or need further assistance.

Sincerely,

Allen Merritt
Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm
Enclosures:

MICROFILMED
MAR 01 1993