

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

1

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NOV 05 2004

04/20/2004

Department of Water Resources
Eastern Region

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: 25-4124

KEITH DOUGLASS
282 3RD ST
IDAHO FALLS ID 83401
Telephone Number: (208)522-8605

IMOGENE DOUGLASS
282 3RD ST
IDAHO FALLS ID 83401

pending ownership change / done JC 11/5/04

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: 11-5-04

SIGNATURE: Terrie Killian

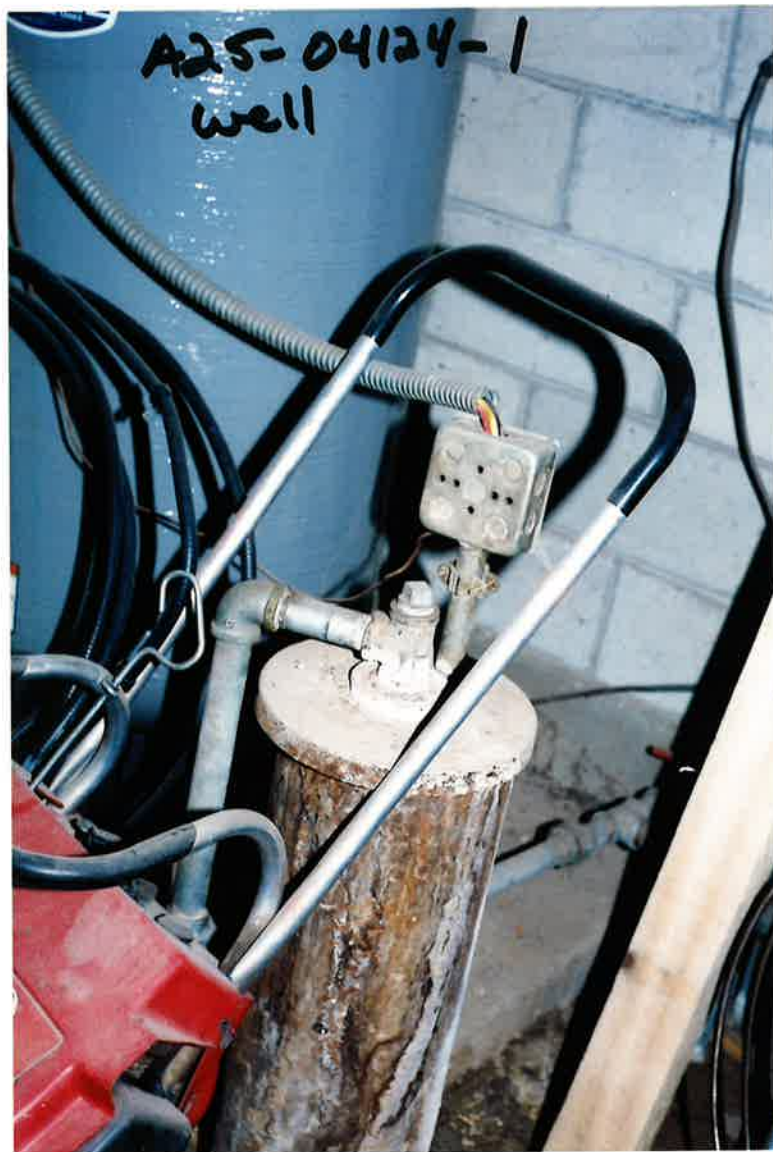
Please print your name: TERRIE KILLIAN

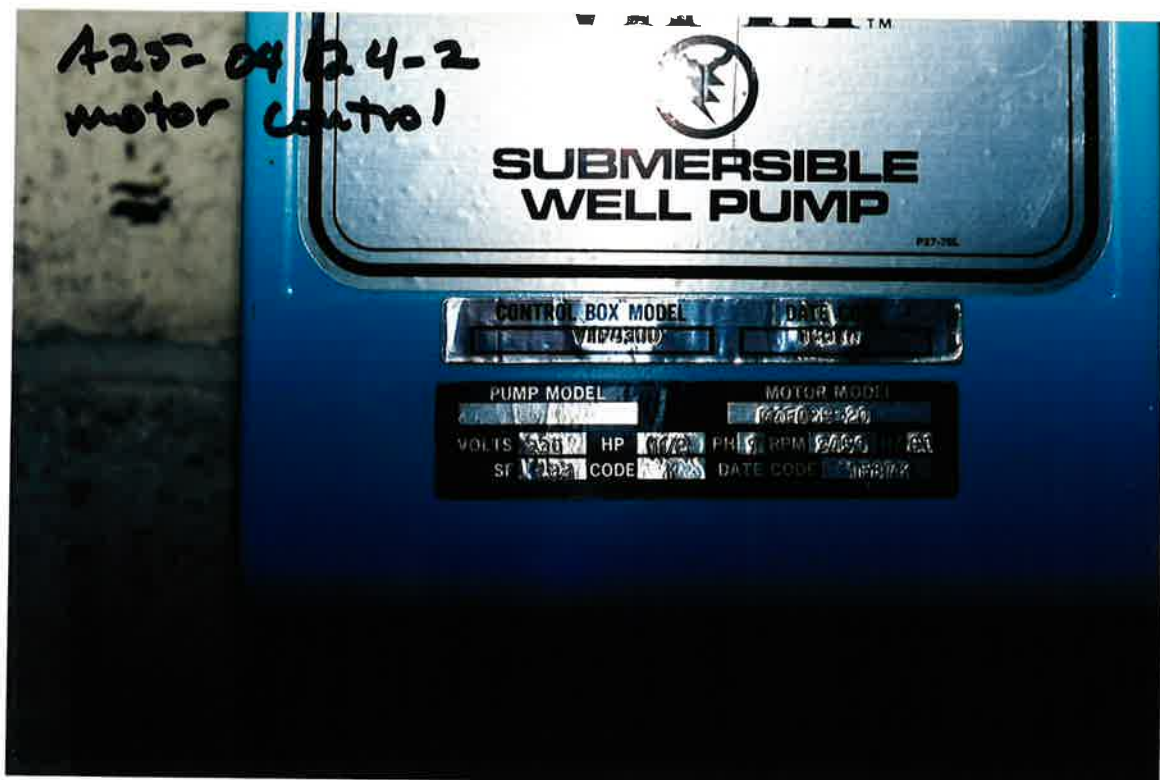
IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

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NOV 05 2004

PROFILED





done JC

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NOV 05 2004
Department of Water Resources
Eastern Region

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

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

1. 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 (under the "split" heading), 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
	25-4124				

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) is 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)

Keith + Imogene Douglas

4. New Owner/Claimant(s)

RAND DOUGLASS & TERRIE KILLIAN
Name Connector (Check one): ☒ and, ☐ or, ☐ and/or

New Mailing Address

PO Box 50250 c/o TRACTOR SALES
IDAHO FALLS, ID 83405

City, State and ZIP Code

New Telephone Number

808 522-7291 WORK
3-26-03

5. Date you acquired the property

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Gary L. Meikle, Esq.
HOLDEN, KIDWELL, HAHN & CRAPO, P.L.L.C.
330 Shoup Avenue, 3rd Floor
P. O. Box 50130
Idaho Falls, Idaho 83405-0130
Telephone: (208) 523-0620
Telefax: (208) 523-9518
Idaho State Bar Number 2111

STATE OF IDAHO
County of Bonneville } SS
I HEREBY CERTIFY that above and foregoing
is a full and correct copy of the original
thereof, on file in my office.
Dated March 31 20 03
RONALD LONGMORE
Clerk of the District Court
By R. Dooker
Deputy Clerk

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE)
)
OF)
)
KEITH "S" DOUGLASS,)
)
Deceased.)
_____)

Case No. CV-03-1977

LETTERS TESTAMENTARY

1. Randall "K" Douglass and Terrie Kaye Killian were duly appointed and qualified as co-personal representatives of the estate of the above named decedent on the 26 day of March, 2003, by the Magistrate acting as Registrar with all authority pertaining thereto.
2. Administration of the estate is unsupervised.
3. These letters are issued to evidence the appointment, qualification, and authority of said co-personal representatives.

WITNESS, my signature and the seal of this court, this 26 day of March, 2003.

L. Mark Riddick

Magistrate

SCANNED

NOV 05 2004

PROFILED

Gary L. Meikle, Esq.
HOLDEN, KIDWELL, HAHN & CRAPO, P.L.L.C.
330 Shoup Avenue, 3rd Floor
P. O. Box 50130
Idaho Falls, Idaho 83405-0130
Telephone: (208) 523-0620
Telefax: (208) 523-9518
Idaho State Bar Number 2111

STATE OF IDAHO
County of Bonneville } SS
I HEREBY CERTIFY that above and foregoing
is a full and correct copy of the original
thereof, on file in my office.

Dated March 31 2003

RONALD LONGMORE

Clerk of the District Court

By [Signature]
Deputy Clerk

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE)
)
OF)
)
IMOGENE W. DOUGLASS,)
)
Deceased.)
)

Case No. CV-02-1585

LETTERS TESTAMENTARY

1. Terrie Kaye Killian and Randall "K" Douglass were duly appointed and qualified as co-personal representatives of the estate of the above named decedent on the 28 day of March, 2003, by the Magistrate acting as Registrar with all authority pertaining thereto.
2. Administration of the estate is unsupervised.
3. These letters are issued to evidence the appointment, qualification, and authority of said co-personal representatives.

WITNESS, my signature and the seal of this court, this 28 day of March, 2003.

[Signature: L. Mark Riddoch]

Magistrate

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. **158 #7**

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Keith S Douglass		2. SEX Male	3. SOCIAL SECURITY NUMBER 518-32-7613
	4a. AGE-Last Birthday 4b. UNDER 1 YEAR 4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr) 80 (Years) Months Days Hours Minutes January 30, 1923		6. BIRTHPLACE (City and State, Territory, or Foreign Country) Idaho Falls, Idaho	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY 7b. COUNTY Idaho Bonneville		7c. CITY OR TOWN Idaho Falls	
	7d. STREET AND NUMBER 282 3rd Street		7e. APT. NO. 7f. ZIP CODE 7g. INSIDE CITY LIMITS? 83401 Yes ☒ No ☐	
	8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11b. BIRTHPLACE (State, Territory, or Foreign Country) Utah	
PARENTS INFORMANT DISPOSITION	11a. FATHER'S NAME (First, Middle, Last, Suffix) Anthony Francis Douglass		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Irmadean Southwick	
	13a. INFORMANT'S NAME (Type or print) Randall K. Douglass		13b. RELATIONSHIP TO DECEDENT Son	
	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Eagle Rock Crematory Idaho Falls, Idaho	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Wood Funeral Home 273 N. Ridge Ave. Idaho Falls, ID 83402		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Chris Peterson</i>	
PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	17b. LICENSE NUMBER (Of licensee) M-778		18. WAS CORONER CONTACTED? Yes ☐ No ☒	
	19a. IF DEATH OCCURRED IN A HOSPITAL: 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number) Eastern Idaho Regional Medical Cnt			
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE 22. COUNTY OF DEATH Idaho Falls, 83404 Bonneville			
CERTIFIER: Complete Within 72 Hours of Death	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 12, 2003		24. TIME OF DEATH 1631 (24hr)	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 12, 2003		26. TIME PRONOUNCED DEAD 1631 (24hr)	
	27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Respiratory Failure</i> <i>2 weeks</i> b. <i>Recurrent Aspiration Pneumonia</i> <i>2 weeks</i> c. d.			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28a. WAS AN AUTOPSY PERFORMED? Yes ☐ No ☒		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes ☐ No ☒	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within the past year ☐ Unknown if pregnant within the past year	
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 31.12.03	
	33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, restaurant, forest, etc.) (24hr)	
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	35. INJURY AT WORK? Yes ☐ No ☒		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____	
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) Specify which vehicle decedent occupied, if applicable			
	TRANSPORTATION INJURY ONLY 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger 38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Pedestrian ☐ Other (Specify) ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) / manner 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 stated.			
REGISTRAR	Signature and Title of Certifier Dr. Kenneth E. Krell, 2860 Channing Way, #214, Idaho Falls, Idaho 83404		39b. LICENSE NUMBER M4522	
	40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.		39c. DATE SIGNED 3.18.03	
	41a. REGISTRAR'S SIGNATURE Sara J. Landon - Asst. Registrar		40b. DATE SIGNED MM DD YYYY	
	41b. DATE SIGNED 03.18.2003		42. DATE SIGNED MM DD YYYY	

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

DATE ISSUED: March 18, 2003

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

SCANNED

NOV 15 2003



STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State File No. _____
Local Reg. No. 9947

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THIS DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER HAWAII CODE 78-24(a) & 78-27.

DECEDENT — NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (Month, Day, Year)	
Imogene		Venette		Douglass		Female		February 16, 2002			
SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yrs.)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (City and State or Foreign Country)	
519-22-0398		78		MONTHS DAYS		HOURS MINES		April 6, 1923		Idaho Falls, Idaho	
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one)		HOSPITAL		OTHER		(1) ☐ Inpatient		(4) ☒ Long-Term Care Facility	
☐ Yes ☒ No		☐ Yes ☒ No		(2) ☐ ER/Outpatient		(3) ☐ DOA		(5) ☐ Own Residence		(6) ☐ Other Private Residence	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH		KIND OF BUSINESS / INDUSTRY		(7) ☐ Other (Specify)			
Life Care Center of Idaho Falls		Idaho Falls		Idaho		Homemaker		Own Home			
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If with, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS / INDUSTRY		(8) ☐ Other (Specify)			
Married		Keith S. Douglass		Homemaker		Own Home		(9) ☐ Other (Specify)			
RESIDENCE STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		ZIP CODE			
Idaho		Bonneville		Idaho Falls		282 - 3rd Street		83401			
INSIDE CITY LIMITS?		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE — American Indian, Black, Japanese, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)		(10) ☐ Yes ☐ No			
☐ Yes ☐ No		☐ Yes ☒ No		White		Elementary/Secondary (0-12)		College (1-4 or 5+)			
FATHER — NAME		BIRTHPLACE		MOTHER — FULL MAIDEN NAME		BIRTHPLACE		(11) ☐ Yes ☐ No			
Burt Louis Wackerli		Iowa		Ada Cecelia Hanson		Utah		(12) ☐ Yes ☐ No			
INFORMANT'S NAME (Type Print)		MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)		(13) ☐ Yes ☐ No		(14) ☐ Yes ☐ No		(15) ☐ Yes ☐ No			
Keith S. Douglass		282 - 3rd Street, Idaho Falls, Idaho, 83401		(16) ☐ Yes ☐ No		(17) ☐ Yes ☐ No		(18) ☐ Yes ☐ No			
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION — City or Town, State		(19) ☐ Yes ☐ No		(20) ☐ Yes ☐ No			
☐ Burial ☒ Cremation ☐ Removal from Idaho		Eagle Rock Crematory		Idaho Falls, Idaho		(21) ☐ Yes ☐ No		(22) ☐ Yes ☐ No			
☐ Donation ☐ Other (Specify)		(23) ☐ Yes ☐ No		(24) ☐ Yes ☐ No		(25) ☐ Yes ☐ No		(26) ☐ Yes ☐ No			
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY		(27) ☐ Yes ☐ No		(28) ☐ Yes ☐ No			
Ryan Meeres		M-816		Wood Funeral Home		273 North Ridge, Idaho Falls, ID, 83402		(29) ☐ Yes ☐ No			
TIME OF DEATH		DATE ANNOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)		(30) ☐ Yes ☐ No			
8:12 A.M.		February 16, 2002		☐ Yes ☒ No		☒ Natural ☐ Homicide ☐ Suicide ☐ Accident		(31) ☐ Yes ☐ No			
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		(32) ☐ Yes ☐ No		(33) ☐ Yes ☐ No		(34) ☐ Yes ☐ No			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO (or as a consequence of)		(35) ☐ Yes ☐ No		(36) ☐ Yes ☐ No		(37) ☐ Yes ☐ No			

VITAL STATISTICS COPY

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: Feb. 19 2002

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

A25-04124 Summary 8/28/03

- 1) Ownership: Owner is recently deceased but will have been finalized.
Note attached & address form.

- 2) P001P00: Appear to be correct. P00 6P5
659729 E 231164N,
Waypoint 4124.

- 3) Q: Claimed less than 0.20 gals. Pump
controller indicates 1 1/2 horsepower,
evidence of priority indicates 170' static.
No theoretical calculated since claim < 0.20.

- 4) Water use: As claimed.

- 5) Volume:

30 employees x 52 weeks x 6 days -
Use 75 gallons/person/shift from Field
Examiner's Handbook Table 3
 $30 \times 52 \times 6 \times 15 = 93,600$ gallons

Two toilet rooms service customers @ 400 gallons
per day (Table 3 - stores)

$$52 \times 6 \times 2 \times 400 = 249,600 \text{ gallons}$$

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AUG 20 2004

A25-04124 Summary p2

Parts washer 30 gallons/week per shop yr.
~~Fill fluid in~~ 52 x 30 = 1560 gallons
~~tracto~~

Fill fluid in 30 tractors/yr x 200 gallons
Tractor tires 6000 gallons

pressure washer / steam
cleaner 3 gallons/min x 4 hrs/day x
150 days

$$3 \times 60 \times 4 \times 150 = \underline{108,000} \text{ gallons}$$

Volume Summary

employees	93,600	gallons
customer toilet rooms	249,600	gallons
Parts washer	1,560	gallons
Tractor fluid	6,000	gallons
pressure washer	<u>108,000</u>	gallons
	458,760	gallons

$$\frac{458,760}{325,850} = 1.41 \text{ acre feet}$$

A25-04124 Summary p3

6) Evidence of priority: Copy in file is
hard to see, maybe look at statutory
claim file 25-4124?

7) Photos well, motor controller, well house.

Dave A. Conter

A25- 4124 Field 8/28/03

- Photos - 2 of well & motor control/
1 of outside of well house
- pump controller label - Sta-Rite

motor model M4#025-20

1 1/2 horsepower

pressure gage (owners) 38 psi

- Water usage

more 10 yrs ago ~ 19-20 employees long term

average (maybe 25?)

3 restrooms - 100+ customers - 150?/day

Steam cleaner & pressure washer in summer 10 am - 3 pm

parts washer reycles - 20-30 gallons/week

steam cleaner / pressure washer

3 gallons/minute 4 hr day summer

very little in winter

6 days/week summer

often 12 hr. day.

Fill time 30 trucks / yr - 200 gallon avg -

GPS 4124

659,729 E

271,161 N

3 meters S of well

271,164 N corrected

A25-04124 Terry Killiard 8/22/03
208-522-7291 Tractor Sales MSG.

Terry or Rand

Kerth Doriglas deceased.

8/25/03 522-7291 - Rand or Terry - Thursday, any
anytime

August 18, 2003

Keith Douglass
282 3rd St
Idaho Falls, ID 83401

Re: Water Right Adjudication Claim(s) A25-04124

Dear Water User:

Idaho Department of Water Resources (IDWR) is reviewing claims to water rights in the Snake River Basin Adjudication in your area. Water Resources Field Services has been retained to do field inspections to aid the Department in making correct recommendations to the court. In the next weeks and months I will be contacting you to make an appointment to look at your diversion works and uses of water.

This is the water right for the commercial building identified as a Farm Equipment Sales and Service Dealer in the claim.

I look forward to helping make sure your water right recommendation is correct. Please contact me if there is a particular time that would be convenient for you. You may call in the evenings, or leave a message on the answering machine.

Sincerely,

Bryce A. Contor

Water Resources
Field Services
208 663 4667

**SNAKE RIVER BASIN ADJUDICATION
CHANGE IN ADDRESS OF NOTICE OF CLAIM**

Claim Number(s): A25-04124

Previous Mailing Address: Keith and/or Eugene Douglass
282 3rd St
Idaho Falls ID 83401

New Mailing Address: Fr Keith Douglass c/o
Tractor Sales
PO Box 50250
Idaho Falls 83405

Telephone Number: (208) 522 7291

Signature of Claimant(s): *[Signature: Eric Kiffin, co-rep of Keith Douglass]*

Please return this completed form to:

**Adjudication Bureau
Idaho Dept. of Water Resources
1301 N. Orchard St.
Boise, ID 83706-2237
Ph. 1/800/451-4129 or
FAX 208/327-5400**

**Adjudication Bureau
Idaho Dept. of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Ph. 208/334-2190 or
FAX 208/334-2348**

**Adjudication Bureau
Idaho Dept. of Water Resources
1341 Fillmore St., Ste. 200
Twin Falls, ID 83301-3380 or
FAX 208/736-3037**

**Adjudication Bureau
Idaho Dept. of Water Resources
900 N. Skyline, Ste. A
Idaho Falls, ID 83402-3653 or
FAX 208/525-7177**

SCANNED

5-4124

IN THE MATTER OF:

AFFIDAVIT

Date of Well Drilling)
State of Idaho)
County of Bonneville)

being first duly sworn,

deposes and says: Irving Kenelle Well Drilling drilled the well
Drilled July 3, 1959. Construction was an 8" well, to a 205' depth
170' to water. There is a pump, pipeline, and well.

LEGAL DESCRIPTION:

NE 1/4, NE 1/4 Sec. 7 T. 2N R. 12E

(Signature)

Subscribed and sworn to before me this ___ day of ___, 19__.

(Notary Public)

Residing at _____
My Commission Expires _____

MICROFILMED
NOV 10 1992

SCANNED

JUL 2 2009

#54

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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: A25-04124
Date Received: 9/14/1988
Receipt No: E002369
Received By: Jo

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: KEITH DOUGLASS 208-522-8605
Address: 282 3RD ST.
IDAHO FALLS, ID 83401
AND/OR
Name: IMOGENE DOUGLASS
Address: 282 3RD ST.
IDAHO FALLS, ID 83401

A2504124



2. Date of Priority: JUL 03, 1959

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
02N	38E	7	NE	NE			BONNEVILLE

5. Description of diverting works:
WELL, PUMP & PIPELINE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
COMMERCIAL	01/01	12/31	0.040		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
C/COMMERCIAL BUILDING

A25-04124

Page 1

Date: 09/14/88

MICROFILMED
NOV 10 1992

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
02N	38E	7	NE NE		COMMER	

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:

14. Remarks:

FARM EQUIPMENT SALES AND SERVICE DEALER. WATER USED OF
RESTROOMS, DRINKING, ETC.

15. Basis of Claim: STATUTORY CLAIM

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): [Signature] Date: Sept. 15, 1983
Date: _____

State of Idaho)
County of Bonneville) SS.

Subscribed and sworn (or affirmed) before me this 15th day
of September 19 88

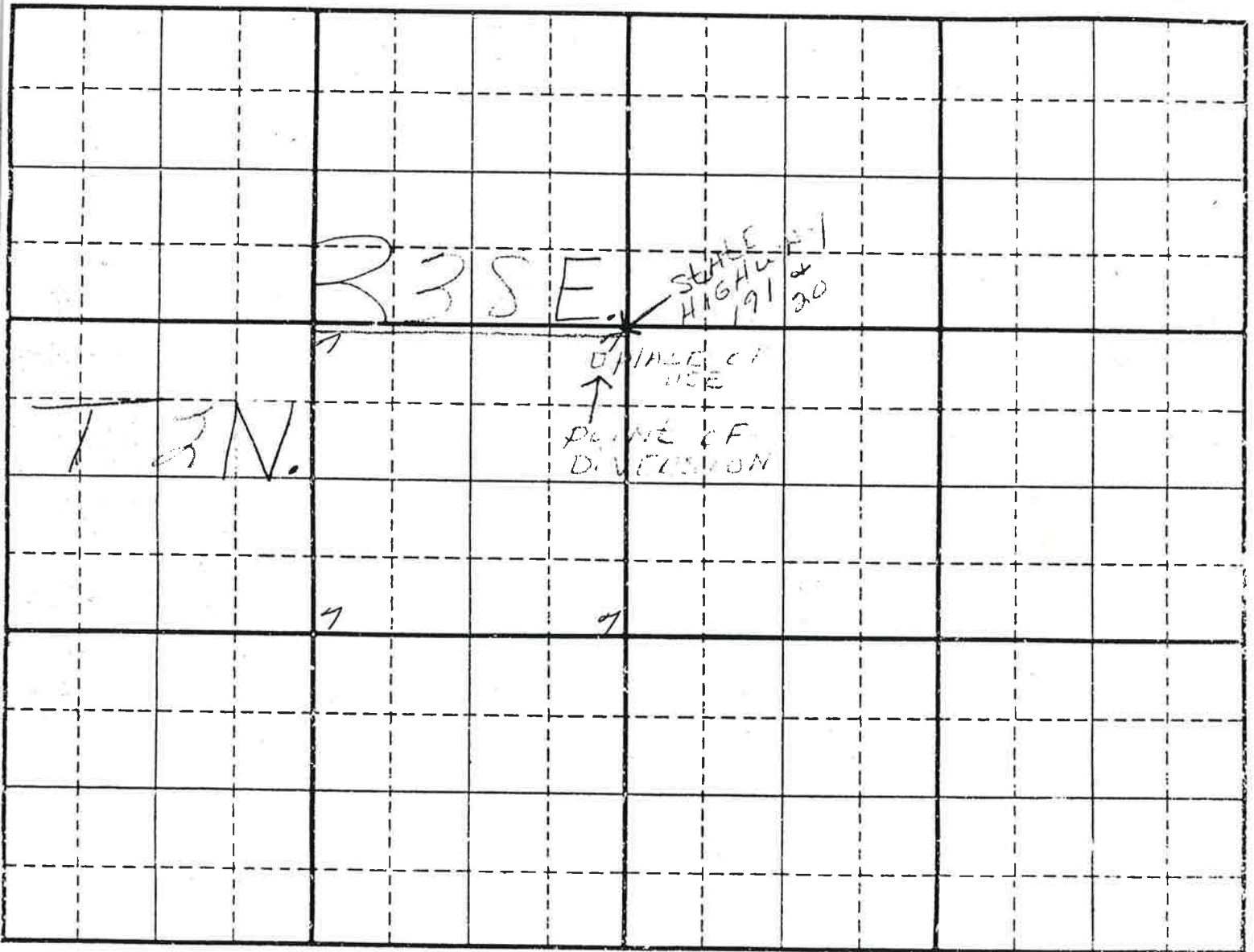
[Signature]
Notary Public

Seal

Residing at IDAHO FALLS, ID
My Commission Expires 12-17-92

A25-04124

(8) Remarks



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

MICROFILMED
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State of Idaho)
County of) ss.
County of)

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim