

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

February 9, 2005

JOY OCKERMAN  
295 AMY LN  
IDAHO FALLS ID 83406

RE: Notice of Change of Water Right Ownership (NCO) for 25-07082 and Notice of Completed Administrative Proceeding (NCAP)

Dear Mr. & Mrs. Harris:

On February 3, 2005, the Idaho Department of Water Resources (IDWR) received an NCO changing the right holder for the above referenced water right(s). Based on this NCO, IDWR water right records for the Snake River Basin Adjudication (SRBA) have been updated.

Furthermore, as directed by the SRBA Court, this office mailed a copy of the updated water right record(s) to each party listed on the enclosed NCAP. The intent of this mailing is to ensure each party has a current record of water right(s) as recorded in the SRBA.

Please feel free to contact me if you have any questions concerning this matter.

Respectfully,

Katy Jackson  
Office Specialist 1

Enclosure

cc:

PRO

SCANNED  
FEB 24 2005

February 9, 2005

DONALD BIGGS  
HELEN BIGGS  
405 S AMY LN  
IDAHO FALLS ID 83406

RE: Notice of Change of Water Right Ownership (NCO) for 25-07082 and Notice of Completed Administrative Proceeding (NCAP)

Dear Mr. & Mrs. Harris:

On January 24, 2005, the Idaho Department of Water Resources (IDWR) received an NCO changing the right holder for the above referenced water right(s). Based on this NCO, IDWR water right records for the Snake River Basin Adjudication (SRBA) have been updated.

Furthermore, as directed by the SRBA Court, this office mailed a copy of the updated water right record(s) to each party listed on the enclosed NCAP. The intent of this mailing is to ensure each party has a current record of water right(s) as recorded in the SRBA.

Please feel free to contact me if you have any questions concerning this matter.

Respectfully,

Katy Jackson  
Office Specialist 1

Enclosure

cc: THOMAS MACK

**PROFILE**

**SCANNED**  
**FEB 24 2005**

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA

Water Rights: 25-7082

Case No. 39576

NOTICE OF COMPLETED  
ADMINISTRATIVE  
PROCEEDING

IDWR has completed the following Administrative proceeding:

☐ Address change

☒ Substitution of Party

☐ I.C. § 42-222 transfer

☐ point of diversion ☐ place of use

☐ period of use ☐ nature of use

☐ split of water right ☐ change in ownership

IDWR certifies that it has completed its investigation into the changes to the elements of the water rights listed above as set forth in the attached *Amended Director's Reports* for said water rights. No other changes have been made to the elements of these water rights except as set forth above.

IDWR has served copies of the *Notice of Completed Administrative Proceeding* and *Amended Director's Report(s)* on the claimant(s), prior claimant(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

DATED: Feb 8, 2005

Ernest Carlson

Signature of IDWR Representative

PROF

SCANNED

FEB 16 2005

### CERTIFICATE OF MAILING

I certify that on February 11, 2005, I mailed the original and copies of this form to the following persons, postage prepaid by regular mail and addressed as follows:

1. Original to:

Clerk of the District Court  
Snake River Basin Adjudication  
PO Box 2707  
Twin Falls ID 83303-2707

2. One copy to:

Claimant/Seller for Substitution of Party or attorney of record:  
THOMAS MACK  
405 AMY LN  
IDAHO FALLS ID 83406

3. One copy to:

Claimant/Purchaser for Substitution of Party, or attorney of record:  
DONALD AND HELEN BIGGS  
405 S AMY LN  
IDAHO FALLS ID 83406

4. One copy to:

Each party in the subcase, or attorney of record

5. One copy each to:

Chief Natural Resources Division  
Office of the Attorney General  
PO Box 44449  
Boise ID 83711-4449

6. One Copy to:

United States Dept of Justice  
Environment & Natural Resource Div  
550 West Fort Street MSC 033  
Boise ID 83724

*Katy Jackson*

Signature of person or attorney mailing the form

**PROFILE**

SCANNED  
FEB 16 2005

02/08/2005

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

RIGHT NUMBER: 25-7082

NAME AND ADDRESS: JOY OCKERMAN  
295 AMY LN  
IDAHO FALLS ID 83406

HELEN BIGGS  
405 S AMY LN  
IDAHO FALLS ID 83406

DONALD BIGGS  
405 S AMY LN  
IDAHO FALLS ID 83406

JEAN M WINGERT  
325 AMY LN  
IDAHO FALLS ID 83406

ROBERT BUSH  
375 AMY LN  
IDAHO FALLS ID 83406

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.160 CFS  
4.80 AFY

PRIORITY DATE: 01/28/1976

POINT OF  
DIVERSION: T02N R38E S22 NENE Within BONNEVILLE County

PURPOSE AND  
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.160 CFS  
4.80 AFY

Domestic use is for 4 homes.

PLACE OF USE: DOMESTIC Within BONNEVILLE County

T02N R38E S22

NENE

PROFILED

SCANNED  
FEB 16 2005

02/08/2005

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

---

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

Quantity of water was adjusted for the claimed 4 homes instead of the 5 licensed. Fredrick Crocker, Lot 35 filed his own claim (25-13693) as a portion of this 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 - License

**PROFILED**

**SCANNED**  
**FEB 16 2005**

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA )

Water Rights: 25-7082

Case No. 39576 )

NOTICE OF COMPLETED  
ADMINISTRATIVE  
PROCEEDING

IDWR has completed the following Administrative proceeding:

- ☐ Address change  
☒ Substitution of Party  
☐ I.C. § 42-222 transfer

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> point of diversion   | <input type="checkbox"/> place of use        |
| <input type="checkbox"/> period of use        | <input type="checkbox"/> nature of use       |
| <input type="checkbox"/> split of water right | <input type="checkbox"/> change in ownership |

IDWR certifies that it has completed its investigation into the changes to the elements of the water rights listed above as set forth in the attached *Amended Director's Reports* for said water rights. No other changes have been made to the elements of these water rights except as set forth above.

IDWR has served copies of the *Notice of Completed Administrative Proceeding* and *Amended Director's Report(s)* on the claimant(s), prior claimant(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

DATED: Feb 9, 2005

*Ernest Carlson*

Signature of IDWR Representative

PROFILED

SCANNED

FEB 16 2005

### CERTIFICATE OF MAILING

I certify that on February 11, 2005, I mailed the original and copies of this form to the following persons, postage prepaid by regular mail and addressed as follows:

1. Original to:

Clerk of the District Court  
Snake River Basin Adjudication  
PO Box 2707  
Twin Falls ID 83303-2707

2. One copy to:

Claimant/Seller for Substitution of Party or attorney of record:  
TERRILL L OCKERMAN (DECEASED)

3. One copy to:

Claimant/Purchaser for Substitution of Party, or attorney of record:  
JOY OCKERMAN  
295 AMY LN  
IDAHO FALLS ID 83406

4. One copy to:

Each party in the subcase, or attorney of record

5. One copy each to:

Chief Natural Resources Division  
Office of the Attorney General  
PO Box 44449  
Boise ID 83711-4449

6. One Copy to:

United States Dept of Justice  
Environment & Natural Resource Div  
550 West Fort Street MSC 033  
Boise ID 83724

Katy Jackson

Signature of person or attorney mailing the form

**PROFILED**

SCANNED

FEB 16 2005

02/08/2005

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

RIGHT NUMBER: 25-7082

NAME AND ADDRESS: JOY OCKERMAN  
295 AMY LN  
IDAHO FALLS ID 83406

HELEN BIGGS  
405 S AMY LN  
IDAHO FALLS ID 83406

DONALD BIGGS  
405 S AMY LN  
IDAHO FALLS ID 83406

JEAN M WINGERT  
325 AMY LN  
IDAHO FALLS ID 83406

ROBERT BUSH  
375 AMY LN  
IDAHO FALLS ID 83406

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.160 CFS  
4.80 AFY

PRIORITY DATE: 01/28/1976

POINT OF  
DIVERSION: T02N R38E S22 NENE Within BONNEVILLE County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u>        | <u>PERIOD OF USE</u> | <u>QUANTITY</u>       |
|------------------------------|----------------------|-----------------------|
| DOMESTIC                     | 01/01 12/31          | 0.160 CFS<br>4.80 AFY |
| Domestic use is for 4 homes. |                      |                       |

PLACE OF USE: DOMESTIC Within BONNEVILLE County  
T02N R38E S22 NENE

PROFILED

SCANNED  
FEB 16 2005

02/08/2005

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

---

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

Quantity of water was adjusted for the claimed 4 homes instead of the 5 licensed. Fredrick Crocker, Lot 35 filed his own claim (25-13693) as a portion of this 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 - License

ROFILED

SCANNED  
FEB 16 2005

OK  
Jc  
2-305

**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<br>Right No(s). | Adjudication<br>Claim No(s). | Split | Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split |
|-----------------------|------------------------------|-------|-----------------------|------------------------------|-------|
| 25-4085               |                              |       |                       |                              |       |
| 25-7082               |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |

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)

TERRII OCKERMAN

4. New Owner/Claimant(s)

wife Joy OCKERMAN

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

City, State and ZIP Code

New Telephone Number

( ) \_\_\_\_\_

5. Date you acquired the property

\_\_\_\_\_

SCANNED

FEB 16 2005

PROFILED

# CERTIFICATION OF VITAL RECORD

## STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
COOPERATIVE CENTER FOR HEALTH STATISTICS  
State of Idaho

### CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, RETURNED BY THE STATE TO THE OFFICE OF HEALTH AND WELFARE, SHALL BE USED AS FINAL PROOF OF DEATH. THIS DOCUMENT IS NOT TO BE USED AS A FINAL PROOF OF DEATH.

State File No. \_\_\_\_\_  
Local Reg. No. 544-7

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN<br><br>NAME OF DECEDENT Per Use by physician or institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DECEDENT — NAME FIRST, MIDDLE, LAST<br><b>Terrell LeRoy Ockerman</b>                                           |  | SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                       | DATE OF DEATH (Month, Day, Year)<br><b>Nov. 26, 1993</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SOCIAL SECURITY NUMBER<br><b>519-36-7071</b>                                                                   |  | BIRTHPLACE (City and State or Foreign Country)<br><b>Moreland, Idaho</b>                                                                                                                                                                                                                                                                                                 |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AGE — Last Birthday (Yr.)<br><b>58</b>                                                                         |  | DATE OF BIRTH (Month, Day, Year)<br><b>Oct. 4, 1935</b>                                                                                                                                                                                                                                                                                                                  |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | PLACE OF DEATH (Check only one)<br>(1) <input checked="" type="checkbox"/> Inpatient (2) <input type="checkbox"/> ER/Outpatient (3) <input type="checkbox"/> BOA (4) <input type="checkbox"/> Licensed Nursing Home (5) <input type="checkbox"/> Private Residence (6) <input type="checkbox"/> Licensed Shelter Home (7) <input type="checkbox"/> Other (Specify) _____ |                                                          |
| FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)<br><b>Eastern Idaho Reg. Med. Ctr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |  | CITY, TOWN OR LOCATION OF DEATH<br><b>Idaho Falls</b>                                                                                                                                                                                                                                                                                                                    |                                                          |
| MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |  | SURVIVING SPOUSE (If wife, give maiden name)<br><b>Bula Joyce Price</b>                                                                                                                                                                                                                                                                                                  |                                                          |
| RESIDENCE STATE<br><b>Idaho</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |  | COUNTY<br><b>Bonneville</b>                                                                                                                                                                                                                                                                                                                                              |                                                          |
| CITY, TOWN OR LOCATION<br><b>Bonneville</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |  | STREET AND NUMBER<br><b>295 S. Amy Ln.</b>                                                                                                                                                                                                                                                                                                                               |                                                          |
| ZIP CODE<br><b>83406</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |  | DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><b>Police Officer</b>                                                                                                                                                                                                                                           |                                                          |
| KIND OF BUSINESS, INDUSTRY<br><b>Law Enforcement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |  | EDUCATION (Specify only highest grade completed)<br><b>12</b>                                                                                                                                                                                                                                                                                                            |                                                          |
| FATHER — NAME<br><b>James Olin Ockerman</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |  | BIRTHPLACE<br><b>Idaho</b>                                                                                                                                                                                                                                                                                                                                               |                                                          |
| MOTHER — FULL MAIDEN NAME<br><b>Zelma Jeanetta Durrant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |  | BIRTHPLACE<br><b>Idaho</b>                                                                                                                                                                                                                                                                                                                                               |                                                          |
| INFORMANT'S NAME (Type/print)<br><b>Joy Ockerman</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>295 S. Amy Ln., Idaho Falls, ID. 83406</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Moreland Cemetery</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| LOCATION — City or Town, State<br><b>Moreland, Idaho</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| LICENSE NUMBER (If licensed)<br><b>M-636</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| NAME AND ADDRESS OF FACILITY<br><b>Wood Funeral Home</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| 273 N. Ridge Ave., Idaho Falls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| TIME OF DEATH<br><b>4:09 P.M., Nov. 26, 1993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| DATE PRONOUNCED DEAD (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| WAS CASE REFERRED TO CORONER?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| MANNER OF DEATH (Check One)<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> 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.<br><b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b><br>a. <b>Cardio-Respiratory Arrest</b> (DUE TO (or as a consequence of) _____) <b>Minutes</b><br>b. <b>Ventricular Tachycardia</b> (DUE TO (or as a consequence of) _____) <b>Hours</b><br>c. <b>Cardiomyopathy</b> (DUE TO (or as a consequence of) _____) <b>Years</b><br>d. <b>Coronary Artery Obstructive Disease</b> (DUE TO (or as a consequence of) _____) <b>Years</b> |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| 27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.<br><b>Generalized Atherosclerosis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| CERTIFIER (Check only one)<br><input checked="" type="checkbox"/> 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.<br><input type="checkbox"/> 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<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| LICENSE NUMBER<br><b>M5171</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| DATE SIGNED (Month, Day, Year)<br><b>November 30, 1993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| NAME AND ADDRESS OF CERTIFIER (Typed)<br><b>Dr. B. Shield Stutts, 2860 Channing Way, Idaho Falls, ID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| DATE OF INJURY (Mo., Day, Yr.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| HOUR OF INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| DESCRIBE HOW INJURY OCCURRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| IF TRANSPORTATION ACCIDENT, Specify:<br><input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| LOCATION (Street or Route Number, City/Town, or County, and State)<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| CORONER'S ACTION (Check One)<br>(1) <input type="checkbox"/> Reviewed Only (2) <input type="checkbox"/> Reviewed, Completed Items 26 and/or 30 (3) <input type="checkbox"/> Reviewed, Amended and Certified                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| CORONER'S SIGNATURE<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| DATE SIGNED (Month, Day, Year)<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| REGISTRAR'S SIGNATURE<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| DATE FILED (Month, Day, Year)<br><b>Dec 1, 1993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                          |                                                          |

HWH-0128  
revised 1-89

#### VITAL STATISTIC'S COPY

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

42298

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

SCANNED  
DATE ISSUED: Dec 1, 1993

FEB 16 2005

*[Signature]*  
JANE S. SMITH

State Registrar



**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.

OK  
 2/3/05  
 RECEIVED  
 JAN 24 2005  
 Department of Water Resources  
 Eastern Region

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<br>Right No(s). | Adjudication<br>Claim No(s). | Split | Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split |
|-----------------------|------------------------------|-------|-----------------------|------------------------------|-------|
|                       | 25-7082                      |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |

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) Tom Mack
4. New Owner/Claimant(s) Donald & Helen Biggs  
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address 405 S Amy Ln
- City, State and ZIP Code Ammon Id. 83406
- New Telephone Number (208) 522-2289
5. Date you acquired the property \_\_\_\_\_

**PROFILED**

**SCANNED**  
**FEB 16 2005**

WARRANTY DEED

Order No.:3030409349

FOR VALUE RECEIVED

Thomas K. Mack, a married person as sole and separate property

the grantor(s), do(es) hereby grant, bargain, sell and convey unto

 Donald P. Biggs and Helen H. Biggs, Husband and Wife

whose current address is

405 S Amy Ln Ammon, ID 83406

 the grantee(s), the following described premises, in Bonneville County, Idaho, TO WIT:

Lot 31 in Block 2 of Mountain View Addition, Division No. 2, according to the official plat thereof, recorded August 24, 1979 as Instrument No. 571110, filed in Official Records of Bonneville County, Idaho.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee(s), that (s)he is/are the owner(s) in fee simple of said premises; that they are free from all encumbrances Except: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

And that (s)he will warrant and defend the same from all lawful claims whatsoever.

Dated: 5/27/2004

\_\_\_\_\_  
Thomas K. Mack

State of Idaho

County of

}  
} ss.  
}

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_ before me, a Notary Public in and for said state, personally appeared \_\_\_\_\_ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that \_\_\_\_\_ executed the same.

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

\_\_\_\_\_  
Notary Public for the State of Idaho  
Residing at:  
Commission Expires:

PROFILED

SCANNED

FEB 16 2005

Rm

02/04/2004

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: 25-7082

JEAN M WINGERT  
325 AMY LN  
IDAHO FALLS ID 83406  
Telephone Number: (208)523-8580

Joy - ~~TERRILL L OCKERMAN~~ \* (TRUST)  
295 AMY LN  
IDAHO FALLS ID 83406  
Telephone Number: (208)523-3748

~~THOMAS MACK~~ Don Biggs - New owner  
405 AMY LN  
IDAHO FALLS ID 83406  
Telephone Number: (208)524-4673

ROBERT BUSH  
375 AMY LN  
IDAHO FALLS ID 83406  
Telephone Number: (208)522-9547

RECEIVED  
OCT 01 2004

Department of Water Resources  
Eastern Region

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

Name changed on homes

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

See Above

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

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

DATE: 9-14-04

SIGNATURE: Joy Ockerman

Please print your name: Joy Ockerman (TRUST)

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

\* Terrill Ockerman - deceased

SCANNED  
OCT 01 2004

PROFILED

02/04/2004

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

RIGHT NUMBER: 25-7082

NAME AND ADDRESS: JEAN M WINGERT  
325 AMY LN  
IDAHO FALLS ID 83406

Joy ~~TERRILL-L~~ OCKERMAN (TRUST)  
295 AMY LN  
IDAHO FALLS ID 83406

~~THOMAS MACK~~ Don Biggs  
405 AMY LN  
IDAHO FALLS ID 83406

ROBERT BUSH  
375 AMY LN  
IDAHO FALLS ID 83406

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.160 CFS  
4.80 AFY

PRIORITY DATE: 01/28/1976

POINT OF DIVERSION:  
T02N R38E S22 NENE Within BONNEVILLE County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u>        | <u>PERIOD OF USE</u> | <u>QUANTITY</u>       |
|------------------------------|----------------------|-----------------------|
| DOMESTIC                     | 01/01 12/31          | 0.160 CFS<br>4.80 AFY |
| Domestic use is for 4 homes. |                      |                       |

PLACE OF USE: DOMESTIC Within BONNEVILLE County  
T02N R38E S22 NENE

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

Quantity of water was adjusted for the claimed 4 homes instead of the 5 licensed. Fredrick Crocker, Lot 35 filed his own claim (25-13693) as a portion of this 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 -

SCANNED

OCT 01 2004

FILED

02/04/2004

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: 25-7082

JEAN M WINGERT  
325 AMY LN  
IDAHO FALLS ID 83406  
Telephone Number: (208)523-8580

Joy ~~TERRILL~~ LOCKERMAN (TERRILL - DECEASED)  
295 AMY LN  
IDAHO FALLS ID 83406  
Telephone Number: (208)523-3748

~~THOMAS MACK~~ DON BIGGS (Tom Mack sold residence)  
405 AMY LN  
IDAHO FALLS ID 83406  
Telephone Number: (208)524-1677

ROBERT BUSH  
375 AMY LN  
IDAHO FALLS ID 83406  
Telephone Number: (208)522-9547

RECEIVED  
SEP 24 2004  
Department of Water Resources  
Eastern Region

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:

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

DATE: 9/16/04 SIGNATURE: Robert F Bush  
Please print your name: ROBERT F BUSH

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

Sent letter to Joy & Don  
requesting C of O - also sent.  
Kathy

PROFILED  
SCANNED  
SEP 24 2004

02/04/2004

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

RIGHT NUMBER: 25-7082  
NAME AND ADDRESS: JEAN M WINGERT  
325 AMY LN  
IDAHO FALLS ID 83406

*Joy* ~~TERRELL LOCKERMAN~~  
295 AMY LN  
IDAHO FALLS ID 83406

~~THOMAS MACK~~ *Don Biggs*  
405 AMY LN  
IDAHO FALLS ID 83406

ROBERT BUSH  
375 AMY LN  
IDAHO FALLS ID 83406

SOURCE: GROUND WATER TRIBUTARY:

QUANTITY: 0.160 CFS  
4.80 AFY

PRIORITY DATE: 01/28/1976

POINT OF DIVERSION:  
T02N R38E S22 NENE Within BONNEVILLE County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u>        | <u>PERIOD OF USE</u> | <u>QUANTITY</u>       |
|------------------------------|----------------------|-----------------------|
| DOMESTIC                     | 01/01 12/31          | 0.160 CFS<br>4.80 AFY |
| Domestic use is for 4 homes. |                      |                       |

PLACE OF USE: DOMESTIC Within BONNEVILLE County  
T02N R38E S22 NENE

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

Quantity of water was adjusted for the claimed 4 homes instead of the 5 licensed. Fredrick Crocker, Lot 35 filed his own claim (25-13693) as a portion of this 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 -

**PROFILED**

SCANNED

SEP 24 2004

RECEIVED

SEP 09 2004

02/04/2004

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: 25-7082

JEAN M WINGERT

325 AMY LN

IDAHO FALLS ID 83406

Telephone Number: (208) 523-8580

TERRILL L OCKERMAN

295 AMY LN

IDAHO FALLS ID 83406

Telephone Number: (208) 523-3748

THOMAS MACK

405 AMY LN

IDAHO FALLS ID 83406

Telephone Number: (208) 524-4673

ROBERT BUSH

375 AMY LN

IDAHO FALLS ID 83406

Telephone Number: (208) 522-9547

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:

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

DATE: 1 Sept 04 SIGNATURE: Jean Wingert  
Please print your name: JEAN WINGERT

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

SCANNED  
SEP 10 2004  
PROFILE

State of Idaho

Department of Water Resources

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER  
Name Mountain View Development—Naegle Realty  
Address 862 South Holmes Idaho Falls, Idaho  
Owner's Permit No. 25-7082

2. NATURE OF WORK  
☐ New well ☐ Deepened ☒ Replacement  
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE  
☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)  
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED  
☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION  
Diameter of hole 8 inches Total depth 125 feet  
Casing schedule ☒ Steel ☐ Concrete  
Thickness Diameter From To  
250 inches 8 inches 1 foot 65 feet  
250 inches 6 inches 1 foot 86'6" feet  
\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet  
\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet  
\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet  
Was casing drive shoe used? ☒ Yes ☐ No  
Was a packer or seal used? ☐ Yes ☒ No  
Perforated? ☐ Yes ☒ No  
How perforated? ☐ Factory ☐ Knife ☐ Torch  
Size of perforation \_\_\_\_\_ inches by \_\_\_\_\_ inches  
Number From To  
\_\_\_\_ perforations \_\_\_\_\_ feet \_\_\_\_\_ feet  
\_\_\_\_ perforations \_\_\_\_\_ feet \_\_\_\_\_ feet  
\_\_\_\_ perforations \_\_\_\_\_ feet \_\_\_\_\_ feet  
Well screen installed? ☐ Yes ☒ No  
Manufacturer's name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Gravel packed? ☐ Yes ☒ No Size of gravel \_\_\_\_\_  
Placed from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Surface seal depth 18+ Material used in seal ☐ Cement grout  
Bentonite ☒ Puddling clay ☐ Well cuttings  
Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing  
☒ Overbore to seal depth

6. LOCATION OF WELL  
Sketch map location must agree with written location.  
Subdivision Name Mountain View  
Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_  
County Bonneville  
NE NE & Sec. 22 T. 2 N. & R. 38 E. & N

7. WATER LEVEL  
Static water level 55 feet below land surface  
Flowing? ☐ Yes ☒ No G.P.M. flow \_\_\_\_\_  
Temperature \_\_\_\_\_ ° F. Quality Good  
Artesian closed-in pressure \_\_\_\_\_ p.s.i.  
Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA  
☐ Pump ☐ Bailor ☐ Other  
Discharge G.P.M. Draw Down Hours Pumped

9. LITHOLOGIC LOG  
Hole Diam. Depth From To Material Water Yes No  
8 0 8 Clay and Gravel  
8 8 66 Sand and Gravel  
66 66 78 Broken Basalt  
78 78 80 Clay and Gravel  
8 80 88 Clay and Gravel with Sand x  
6 88 105 Broken Basalt x  
6 105 125 Firm Basalt x

10. Work started Feb. 8, 1975 finished Feb. 17, 1975

11. DRILLERS CERTIFICATION  
Firm Name Andrew Well Drilling Contr. Firm No. 5  
Address 1268 East 17th Street Date 12-17-75  
Idaho Falls, Idaho 83402  
Signed by (Firm Official) James A. Andrew  
and James A. Andrew  
(Operator)

USE ADDITIONAL SHEETS IF NECESSARY ☐ FORWARD THE WHITE COPY TO THE DEPARTMENT

**CONSOLIDATED TAX NOTICE AND RECEIPT**  
23798

OFFICE COPY

1987

BONNEVILLE COUNTY  
REAL PROPERTY

| MARKET VALUE  | TAX CODE AREA | PARCEL NUMBER | BILL NUMBER |
|---------------|---------------|---------------|-------------|
| 92,287<br>TRT | 79            | R044610020340 | 84826       |

295 S AMY LN  
HOME EXEMPT LOT 34, BLOCK 2,  
36,890 MOUNTAIN VIEW # 2

SEC 22, T 2N, R 38

TAXABLE  
55,397

OCKERMAN TERRILL L  
295 S AMY LN  
IDAHO FALLS ID 83401

DELINQUENT CERT.

| TAXING DISTRICT | RATE    | AMOUNT   | RECEIPT         |
|-----------------|---------|----------|-----------------|
| COUNTY          | .004137 | 229.17   | FULL PAYMENT    |
| 93 SCHOOL       | .011385 | 630.69   | TAX 1,005.70    |
| AMMON CEM       | .000077 | 4.27     | PEN.            |
| FIRE # 1        | .001621 | 89.80    | SUB TOT.        |
| AMBULANCE       | .000369 | 20.44    | INT.            |
| FLOOD CONTR     | .000033 | 1.83     | TOT.            |
|                 |         |          | 1ST INSTALLMENT |
|                 |         |          | TAX 502.85      |
|                 |         |          | PEN.            |
|                 |         |          | SUB TOT.        |
|                 |         |          | INT.            |
|                 |         |          | TOT.            |
| CODE AREA TAX   | .017622 | 976.20   |                 |
| LANDFILL        |         | 9.50     | 2ND INSTALI     |
| LIBRARY         |         | 20.00    | TAX 502.85      |
|                 |         |          | PEN.            |
|                 |         |          | SUB TOT.        |
|                 |         |          | INT.            |
|                 |         |          | TOT.            |
| TOTAL TAX:      |         | 1,005.70 |                 |

IF RECEIPT REQUIRED RETURN ENTIRE NOTICE

PLEASE READ BACK OF NOTICE

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH YOUR PAYMENT

R044610020340 OFFICE COPY 1987  
LOT 34, BLOCK 2, REAL  
MOUNTAIN VIEW # 2 PROPERTY

| SPECIAL CODE | TAX | CODE               | AREA | TAX | 2ND INSTALLMENT |
|--------------|-----|--------------------|------|-----|-----------------|
|              |     | BILL#              |      |     | 502.85          |
|              |     | OCKERMAN TERRILL L |      |     | PEN.            |
|              |     |                    |      |     | SUB TOT.        |
|              |     |                    |      |     | INT.            |
|              |     |                    |      |     | TOT.            |

2nd

PERSONAL CHECKS SUBJECT TO BANK CLEARANCE  
MAKE CHECKS PAYABLE TO

DATE PD  
CHECK  
CASH  
MAIL  
COUNTER L

LILA JORDAN, TAX COLLECTOR  
605 N. CAPITAL  
IDAHO FALLS, IDAHO 83402

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 1988

PAID BY-

MICROFILMED  
NOV 10 1992

000000

OFFICE COPY  
BONNEVILLE COUNTY  
REAL PROPERTY

1987

|                              |               |               |             |
|------------------------------|---------------|---------------|-------------|
| MARKET VALUE                 | TAX CODE AREA | PARCEL NUMBER | BILL NUMBER |
| 72,587                       | 79            | R044610020350 | 84827       |
| T                            |               |               |             |
| 265 S AMY LN                 |               |               |             |
| HOME EXEMPT LOT 35, BLOCK 2, |               |               |             |
| 31,544 MOUNTAIN VIEW # 2     |               |               |             |
| SEC 22, T 2N, R 38           |               |               |             |
| TAXABLE                      |               |               |             |
| 41,043                       |               |               |             |
| CROCKER FREDERICK H          |               |               |             |
| 265 S AMY LN                 |               |               |             |
| IDAHO FALLS ID 83401         |               |               |             |
| DELINQUENT CERT.             |               |               |             |

|               |          |        |
|---------------|----------|--------|
| COUNTY        | 004137   | 169.80 |
| 93 SCHOOL     | 011385   | 467.28 |
| AMMON CEM     | 000077   | 3.16   |
| FIRE # 1      | 001621   | 66.53  |
| AMBULANCE     | 000369   | 15.14  |
| FLOOD CONTR   | 000033   | 1.35   |
| CODE AREA TAX | 017622   | 723.26 |
| LANDFILL      | SPECIALS | 9.50   |
| LIBRARY       |          | 20.00  |
| TOTAL TAX:    |          | 752.76 |

FULL PAYMENT

|                 |        |
|-----------------|--------|
| TAX             | 752.76 |
| PEN.            |        |
| SUB TOT.        |        |
| INT.            |        |
| TOT.            |        |
| 1ST INSTALLMENT |        |
| TAX             | 376.38 |
| PEN.            |        |
| SUB TOT.        |        |
| INT.            |        |
| TOT.            |        |
| 2ND INSTALLMENT |        |
| TAX             | 376.38 |
| PEN.            |        |
| SUB TOT.        |        |
| INT.            |        |
| TOT.            |        |

IF RECEIPT REQUIRED RETURN ENTIRE NOTICE

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH YOUR PAYMENT

R044610020350 OFFICE COPY 1987  
LOT 35, BLOCK 2, REAL  
MOUNTAIN VIEW # 2 PROPERTY

| SPECIAL CODE        | TAX | CODE | AREA | TAX | 2ND INSTALLMENT |
|---------------------|-----|------|------|-----|-----------------|
| BILL# 84827         |     |      |      |     | 376.38          |
| CROCKER FREDERICK H |     |      |      |     | PEN.            |
|                     |     |      |      |     | SUB TOT.        |
|                     |     |      |      |     | INT.            |
|                     |     |      |      |     | TOT.            |

2nd

PERSONAL CHECKS SUBJECT TO BANK CLEARANCE  
MAKE CHECKS PAYABLE TO

DATE PD  
CHECK  
CASH  
MAIL  
COUNTER L

LILA JORDAN, TAX COLLECTOR  
605 N. CAPITAL  
IDAHO FALLS, IDAHO 83402

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 1988

PAID BY-

PLEASE READ BACK OF NOTICE

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH YOUR PAYMENT

R044610020350 OFFICE COPY 88 1987  
LOT 35, BLOCK 2, REAL  
MOUNTAIN VIEW # 2 PROPERTY

| SPECIAL CODE        | TAX | CODE | AREA | TAX | TOTAL TAX       |
|---------------------|-----|------|------|-----|-----------------|
| BILL# 84827         |     |      |      |     | 752.76          |
| CROCKER FREDERICK H |     |      |      |     | PEN.            |
|                     |     |      |      |     | SUB TOT.        |
|                     |     |      |      |     | INT.            |
|                     |     |      |      |     | TOT.            |
| SPECIAL CODE        | TAX | CODE | AREA | TAX | 1ST INSTALLMENT |
| DATE PD             |     |      |      |     | 376.38          |
| CHECK               |     |      |      |     | PEN.            |
| CASH                |     |      |      |     | SUB TOT.        |
| MAIL                |     |      |      |     | INT.            |
| COUNTER             |     |      |      |     | TOT.            |

1st

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 21, 1987

PAID BY-

UA-1  
8/87

NOV 10 1987

State of Idaho  
Department of Water Resources

WATER RIGHT LICENSE

License of Water Right No. 25-7082 Priority January 28, 1976 Amount 0.19 cfs  
AL TIRILL, RONNIE SWANSON, TERRILL ACKERMAN,  
THIS IS TO CERTIFY, that HAROLD SORENSEN & DAVID ADDIEGO

of Idaho Falls, Idaho, has complied with the terms and conditions of Permit  
No. 25-7082 issued pursuant to Application for Permit dated January 28, 1976,  
and has submitted proof to the Department of Water Resources on September 7, 1976,  
that he has applied water to a beneficial use; an examination by the Department indicates that the works have a  
capacity for the diversion of 0.25 cfs of water from a groundwater source,  
tributary to \_\_\_\_\_, and that the permit holder has applied to a beneficial use and  
established a right to use water as follows:

| Beneficial Use      | Period of Use                        | Rate of Diversion       | Annual Volume        |
|---------------------|--------------------------------------|-------------------------|----------------------|
| <u>Domestic (5)</u> | <u>from January 1 to December 31</u> | <u>at 0.19 cfs and</u>  | <u>6.0 acre feet</u> |
| _____               | <u>from _____ to _____</u>           | <u>at _____ cfs and</u> | _____                |
| _____               | <u>from _____ to _____</u>           | <u>at _____ cfs and</u> | _____                |

(both dates inclusive)

Subject, however, to the condition that no more than 0.19 cfs of water be diverted at any one time, and  
that the amount of water so diverted and to which such right is entitled and confirmed is for the purpose  
aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed  
\_\_\_\_\_ acre feet per year, said waters to be diverted within the NE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec. 22,  
Twp. 2N, Rge. 38E, B.M. in the County of Bonneville

Description and location of place of use:

| Twp. | Range | Sec. | NE $\frac{1}{4}$ |                  |                  |                  | NW $\frac{1}{4}$ |                  |                  |                  | SW $\frac{1}{4}$ |                  |                  |                  | SE $\frac{1}{4}$ |                  |                  |                  | Totals |
|------|-------|------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|
|      |       |      | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ |        |
| 2N   | 38E   | 22   | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |

Total number of acres irrigated \_\_\_\_\_

This license shall apply to only Lots 31, 32, 33, 34 & 35 of Block 2,  
in the Mountain View Addition, Division #2, Bonneville County, Idaho.

NOTE: Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho  
Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use  
herein described, as provided by the laws of Idaho.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this 14 day of  
February \_\_\_\_\_, 19 78.

Director

RECEIVED

SEP 7 1976

State of Idaho  
Department of Water Resources

Department of Water Resources  
Eastern District Office

ASSIGNMENT OF PERMIT

I, Garren Peterson, hereby assign to Al Tirrill, Ronnie Swanson, Terrill Ackerman, Harold Sorensen, David Addiego  
of Amy Lane, Mountain View Addition, Idaho Falls, Idaho 83401  
Address

CHECK ONE



All my right, title, and interest in and to Permit No. 25-7082  
to appropriate the public waters of the State of Idaho.



The following described portion of my right, title, and interest in and to Permit  
No. \_\_\_\_\_ to appropriate the public waters of the State of Idaho.

(Describe that portion of the permit being assigned by listing the acreage within  
each 40 acre subdivision, the point of diversion and the amount of water in cubic  
feet per second for direct diversion, or acre feet for storage)

Made this 20th day of April, 19 76.

Garren Peterson  
Permit Holder

\_\_\_\_\_  
Spouse of Permit Holder

State of Idaho )  
County of Bonneville ) ss.

On this 20th day of April, 19 76, personally  
appeared before me the signer(s) of the above instrument, who duly acknowledged to me  
that he (she) (they) executed the same.

seal

Ronald P. Carlson  
Notary Public residing at  
Idaho Falls, Idaho

My commission expires:

2/19/78

State of Idaho  
Department of Water Resources

ROUGH DRAFT

WATER RIGHT LICENSE

License of Water Right No. 25-7082 Priority 1/28/76 Amount 0.19 cfs

THIS IS TO CERTIFY, that AL Tirrill, Ronnie Swanson, Terril Ackerman  
David Addiego, Harold Sorenson  
of Army Lane, Mountain View Add. Idaho Falls, has complied with the terms and conditions of Permit  
No. 25-7082 issued pursuant to Application for Permit dated 1/28/76,  
and has submitted proof to the Department of Water Resources on \_\_\_\_\_,  
that he has applied water to a beneficial use; an examination by the Department indicates that the works have a  
capacity for the diversion of 0.25 cfs of water from groundwater,  
tributary to \_\_\_\_\_, and that the permit holder has applied to a beneficial use and  
established a right to use water as follows:

| Beneficial Use      | Period of Use                      | Rate of Diversion      | Annual Volume       |
|---------------------|------------------------------------|------------------------|---------------------|
| <u>Domestic (5)</u> | from <u>Jan 1</u> to <u>Dec 31</u> | at <u>0.19</u> cfs and | <u>6.00 AF/Ann.</u> |
| _____               | from _____ to _____                | at _____ cfs and       | _____               |
| _____               | from _____ to _____                | at _____ cfs and       | _____               |

(both dates inclusive)

Subject, however, to the condition that no more than 0.19 cfs of water be diverted at any one time, and  
that the amount of water so diverted and to which such right is entitled and confirmed is for the purpose  
aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed  
6.00 acre feet per year, said waters to be diverted within the NE 1/4 NE 1/4, Sec. 22  
Twp. 2N, Rge 38E, B.M. in the County of Bonneville

Description and location of place of use:

| Twp. | Range | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|-------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |       |      | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
| 2N   | 38E   | 22   | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

THIS LICENSE SHALL APPLY ONLY TO LOTS, 31, 32, 33, 34 & 35 OF BLOCK #2, MOUNTAIN VIEW ADDITION, DIVISION 2  
BONNEVILLE COUNTY, IDAHO.

Total number of acres irrigated \_\_\_\_\_

ROUGH DRAFT

NOTE: Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use herein described, as provided by the laws of Idaho.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Director



DATE OF EXAM 9/23/76

ACREAGE

Found N.A.  
Recommended n/a

Recommended nsa

Irrigation Requirement N.H. Ac Ft/Ac

USE

Irrigation Q= \_\_\_\_\_ c.f.s. V= \_\_\_\_\_ AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_  
Domestic Q= 0.19 c.f.s. V= 6.00 AF/Ann. from Jan. 1 to DEC. 31  
Livestock Q= \_\_\_\_\_ c.f.s. V= \_\_\_\_\_ AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_

Domestic Q= 0.19 c.f.s. V= 6.00 AF/Ann. from Jan. 1 to DEC. 31

Livestock Q=\_\_\_\_\_c.f.s. V=\_\_\_\_\_ AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_

Is water co-mingled? yes \_\_\_\_\_ no ☒

Name source: \_\_\_\_\_  
 twp. \_\_\_\_\_ N/S, Rge. \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 \_\_\_\_\_ County

Exchange?    yes\_\_\_\_\_    no ☒

Name source exchanged with: \_\_\_\_\_  
 twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 \_\_\_\_\_ County

Point of injection: 1/4 A.  
 twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 \_\_\_\_\_ County

Point of exchange: N.A.  
 twp. \_\_\_\_\_ N/S, Rge. \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 County \_\_\_\_\_

Total Q measured 0.25 CES. Method of measurement THEORETICAL.

Total Q recommended 0.19 Meter No. \_\_\_\_\_ Type \_\_\_\_\_ Condition \_\_\_\_\_

Total V recommended 6.00 RF/RNV.

**Recommended Amendments:**

P.D. \_\_\_\_\_  
Place of Use \_\_\_\_\_  
Other \_\_\_\_\_  
None ☒

MEASUREMENT CALCULATION:

$$Q = \frac{(5)(8.814)(.80)}{(50) + 40(2.308)} = .25 \text{ cfs}$$

$$V = 1.2 \text{ PF/ANIN} \times 5 = 600 \text{ PF/ANIN}$$

ARK 2/23/77

SYSTEM DESCRIPTION:

5. A.P. PERLESS PUMP, MODEL # 4410 w/ A 442 GALL. PRESSURE TANK (40-60 PSI).  
UNDERGROUND SYSTEM CONSISTS OF 100 FT. OF 2 IN. PVC PIPE, 84 FT. OF 1 1/2 IN.  
GALV. PIPE, & 390 FT. OF 1 IN. GALV. PIPE. THE WELL DEPTH IS 120 FT. &  
THE STATIC WATER LEVEL IS 50 FT. THE WELL SUPPLIES DOMESTIC  
WATER FOR FIVE FAMILIES, LOCATED ON LOTS, 31, 32, 33, 34, & 35 OF  
BLOCK #2.

REMARKS:

LAY OUT OF SYSTEM OBTAINED FROM RECORDS OF ANDREW WELL DRILLING.  
LAYOUT OF SYSTEM DESCRIBED BY MR. ACKERMAN, ~~ST.~~

Examiner's Signature Ernest M. Carlson Date 9/24/76.

Checked by Anthony R. Kozlowski Date 2/23/77

Approved by \_\_\_\_\_ Date \_\_\_\_\_

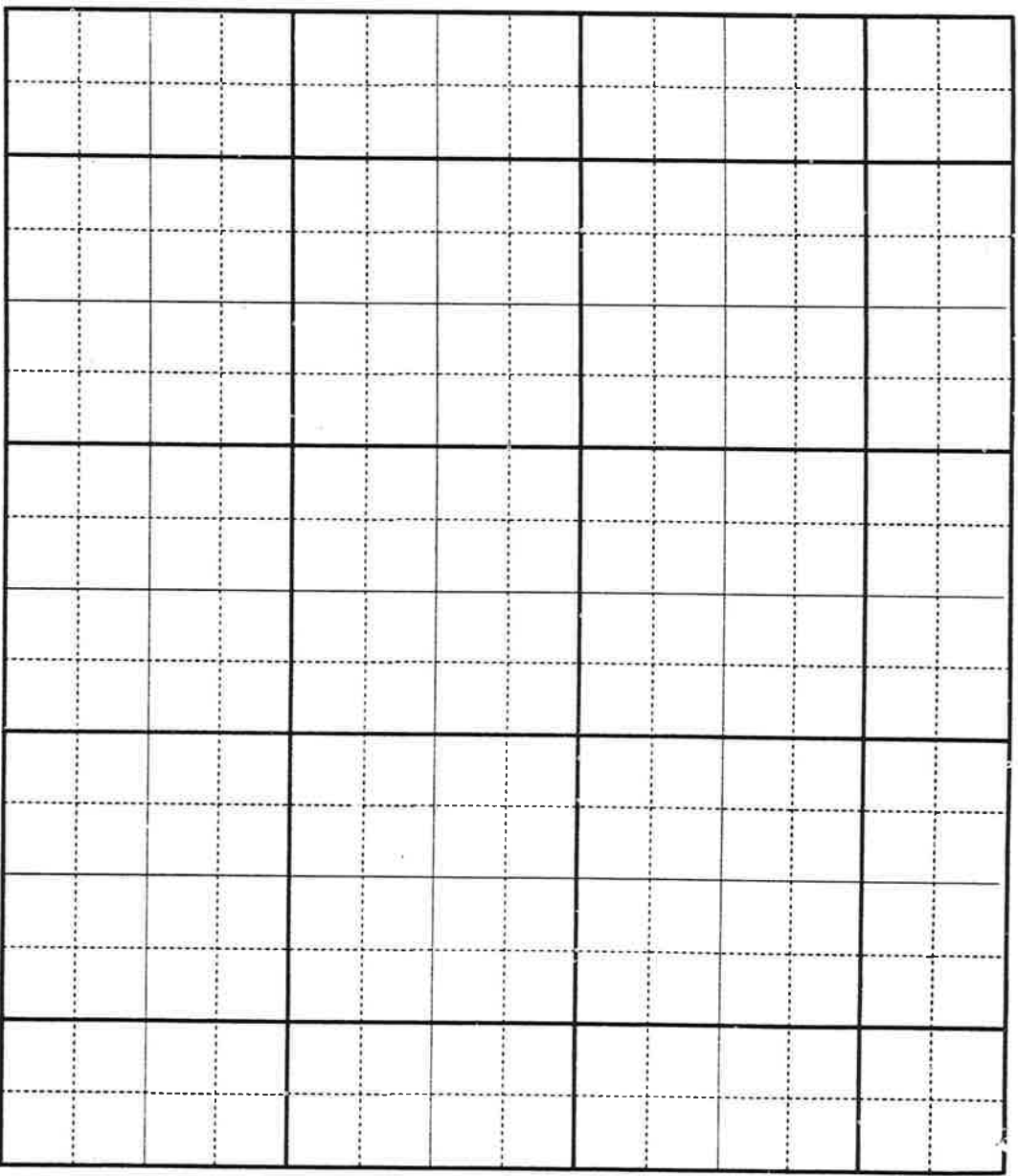


Diagram of System

742653

# WARRANTY DEED

## For Value Received

John K. Hartwell and Patricia C. Day Hartwell, husband and wife

the grantors, do hereby grant, bargain, sell and convey unto

Thomas K. Mack and Allison H. Mack, husband and wife

whose current address is

405 Amy Lane Idaho Falls, Id

the grantees, the following described premises, in BONNEVILLE..... County Idaho, to wit:

Lot 31, Block 2 of the Mountain View Addition, Division No. 2, Bonneville County, Idaho, according to the recorded plat thereof...

SUBJECT TO all existing patent reservations, easements, rights-of-way, protective covenants, zoning ordinances and applicable building codes, laws and regulations.

JAN 7 2 06 PM '88

BONNEVILLE COUNTY  
CLERK

742653

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises; that they are free from all incumbrances

and that they will warrant and defend the same from all lawful claims whatsoever.

Dated: January 6, 1988

*John K. Hartwell*  
John K. Hartwell

*Patricia C. Day Hartwell*  
Patricia C. Day Hartwell

STATE OF IDAHO, COUNTY OF Bonneville  
On this 6th day of January, 1988,  
before me, a notary public in and for said State, personally  
appeared

John K. Hartwell and Patricia C. Day  
Hartwell

known to me to be the person S whose name S are  
subscribed to the within instrument, and acknowledged to  
me that they executed the same.

Notary Public

Residing at Idaho Falls  
Comm. Expires 4-29-91

742653  
1-7-88  
336  
486-358  
3,00  
50  
50001  
*Notary Signature*

Furnished by the AMERICAN LAND TITLE CO., Idaho Falls, Idaho

**CONSOLIDATED TAX NOTICE AND RECEIPT**  
**23797 OFFICE COPY 1987**  
**BONNEVILLE COUNTY**  
**REAL PROPERTY**

|                               |                   |               |             |
|-------------------------------|-------------------|---------------|-------------|
| MARKET VALUE                  | TAX CODE AREA     | PARCEL NUMBER | BILL NUMBER |
| 70,740                        | 79                | R044610020330 | 64825       |
| TRT                           |                   |               |             |
| 325 S AMY LN                  |                   |               |             |
| HOME EXEMPT                   | LOT 33, BLOCK 2,  |               |             |
| 30,620                        | MOUNTAIN VIEW # 2 |               |             |
| SEC 22, T 2N, R 38            |                   |               |             |
| TAXABLE                       |                   |               |             |
| 40,120                        |                   |               |             |
| MOUNTAIN VIEW DEVELOPMENT INC |                   |               |             |
| 1/2 WINGERT JEAN M            |                   |               |             |
| 325 S AMY LN                  |                   |               |             |
| IDAHO FALLS ID 83401          |                   |               |             |
| DELINQUENT CERT.              |                   |               |             |

| TAXING DISTRICT | RATE     | AMOUNT | RECEIPT         |
|-----------------|----------|--------|-----------------|
| COUNTY          | 004137   | 165.98 | TAX 736.50      |
| 93 SCHOOL       | 011385   | 456.77 | PEN.            |
| AMMON CEM       | 000077   | 3.09   | SUB TOT.        |
| FIRE # 1        | 001621   | 65.04  | INT.            |
| AMBULANCE       | 000369   | 14.80  | TOT.            |
| FLOOD CONTR     | 000033   | 1.32   | 1ST INSTALLMENT |
|                 |          |        | TAX 368.25      |
|                 |          |        | PEN.            |
|                 |          |        | SUB TOT.        |
|                 |          |        | INT.            |
|                 |          |        | TOT.            |
| CODE AREA TAX   | 017622   | 707.00 | 2ND INSTALLMENT |
| LANDFILL        | SPECIALS | 9.50   | TAX 368.25      |
| LIBRARY         |          | 20.00  | PEN.            |
|                 |          |        | SUB TOT.        |
|                 |          |        | INT.            |
|                 |          |        | TOT.            |
| TOTAL TAX:      |          | 736.50 |                 |

4/15/88 ME  
PARCEL RD44610020320 A CODE AREA - 79 TYPE-- R  
NAME / ADDRESS CNT N TYPE QTY MKT VALUE TAX \$794.30  
BUSH ROBERT F 15 9500 CANCEL  
375 S AMY LN 37 67800 ROA \$397.15  
IDAHO FALLS ID 83406 DATE PAID 12/21/87  
BALANCE \$397.15

COMMENTS

LEGAL DESCRIPTION  
LOT 32, BLOCK 2,  
MOUNTAIN VIEW # 2

BANK FFS

SEC 22, T 2N, R 38

TOTAL 77300 HOME EXEM E1 33900  
CB EXEM  
HARDSHIP

NEW APR.  
PROPERTY ADDRESS  
00375 S AMY LN

DEED REF.# 742427 OLD DEED REF.# 496886  
USE CODE LANDFILL 001 LIBRARY 001  
OLD # 14719 A  
83406 FLAG

FUNCTION CF3=TRACK CF4=TAX ACTIVE NEXT PARCEL #

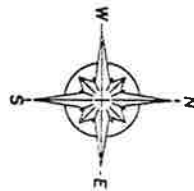
MICROFILMED

NOV 10 1992

Scale: 2 inches equal 1 mile

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

*Samuel P. Jones*  
(Applicant)



While this is a photographic reproduction of the recorded plat, the Company assumes no liability for variations, if any, with a re-survey.  
IDAHO TITLE & TRUST CO.  
Idaho Falls, Idaho

# MOUNTAIN VIEW ADDITION DIVISION NO. 2

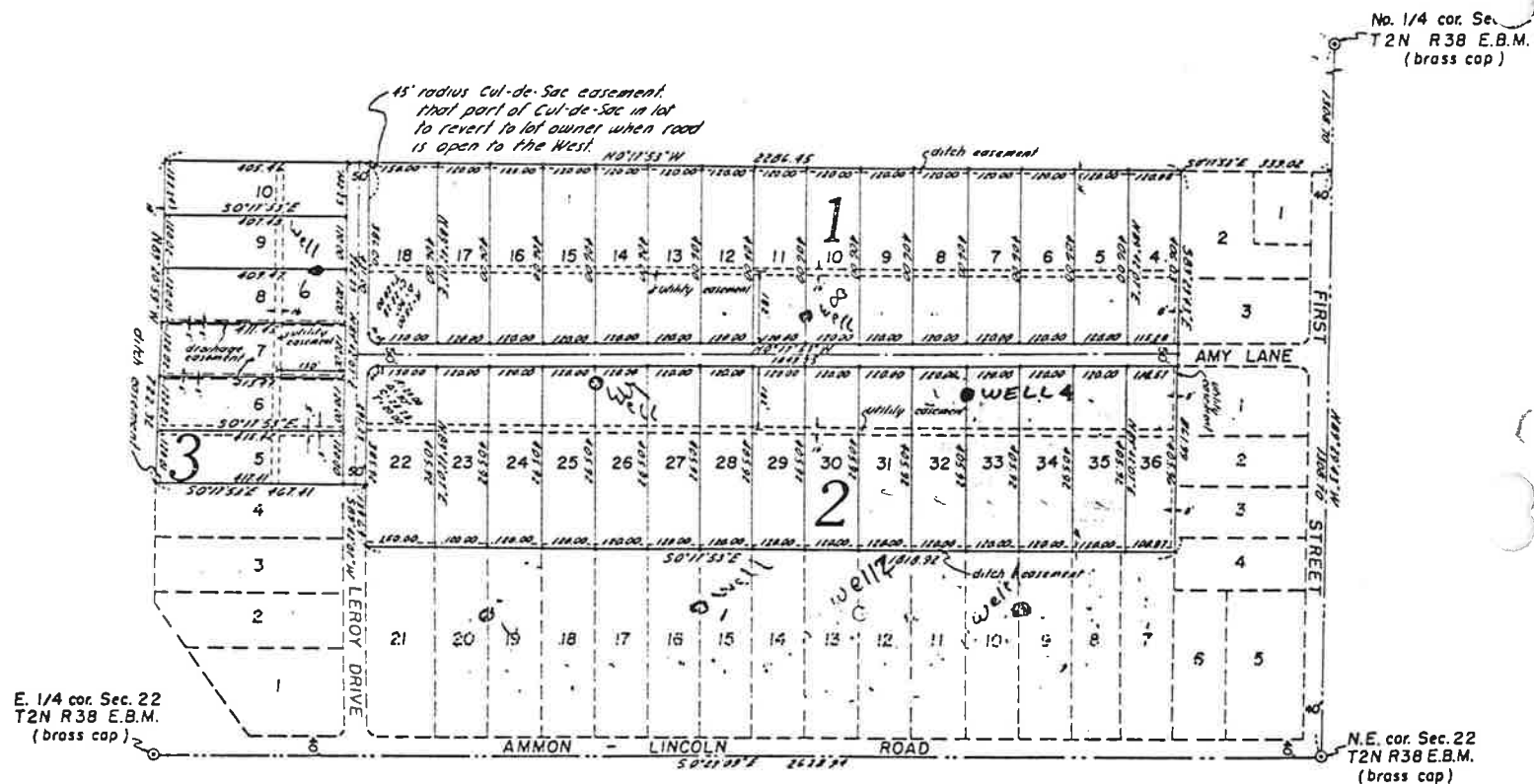
BONNEVILLE COUNTY, IDAHO

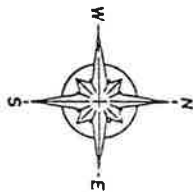
Part of

E 1/2 Sec. 22 T2N R38 E.B.M.

DAVID E. BENTON CONSULTING ENGINEER  
IDAHO FALLS, IDAHO

SCALE: 1" = 200'





# MOUNTAIN VIEW ADDITION

## DIVISION NO. 2

BONNEVILLE COUNTY, IDAHO

Part of

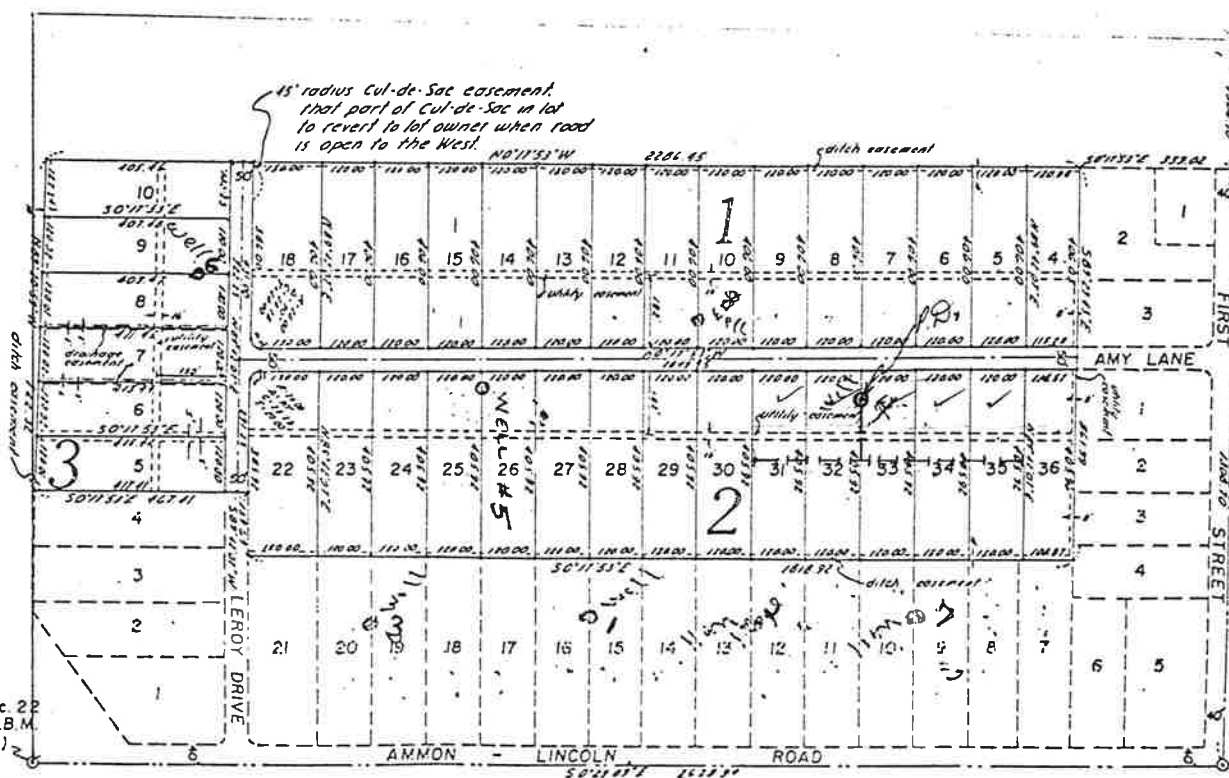
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DAVID E. BENTON CONSULTING ENGINEER  
IDAHO FALLS, IDAHO

SCALE: 1" = 200'

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IDAHO TITLE & TRUST CO.  
Idaho Falls, Idaho

No. 1/4 cor. Sec. 2  
T2N R38 E.B.M.  
(brass cap)



E. 1/4 cor. Sec. 22  
T2N R38 E.B.M.  
(brass cap)

N.E. cor. Sec. 22  
T2N R38 E.B.M.  
(brass cap)

CAC  
9/24/16

Assigned - Al Merrill,  
Amy L. Miller, DWR  
Idaho Falls, ID  
1/11/67

Identification No. 25 7082

Application No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

APPROVED

To Appropriation the Public Waters of the State of Idaho  
(TYPE OR PRINT IN INK)

1. Name of applicant Mountain View Development Phone: 522-3914  
post office address c/o Garren Peterson, Rt. #5, Box 358, Idaho Falls, Idaho 83401
2. Source of water supply ground water which is a tributary of \_\_\_\_\_
3. a. Location of point of diversion is NE  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Section 22 Township 2N  
Range 38E B.M. Bonneville County; additional points of diversion if any: well #4, located as shown on attached plat
- b. If water is not consumed, it will be discharged into \_\_\_\_\_ at a point in \_\_\_\_\_  $\frac{1}{4}$   
of \_\_\_\_\_  $\frac{1}{4}$  of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ B.M. \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 0.19 for Domestic purpose from Jan. 1 to Dec. 31 (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purpose from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purpose from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)
5. Total quantity to be appropriated:  
a. 0.19 cubic feet per second and/or  
b. \_\_\_\_\_ acre feet per annum.
6. Proposed diverting works:  
a. Description of ditches, flumes, pumps, headgates, etc. 8" well, 5HP pump and pressure system  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. Height of storage dam \_\_\_\_\_ feet, active reservoir capacity \_\_\_\_\_ acre feet; total reservoir capacity \_\_\_\_\_ acre feet, materials used in storage dam: \_\_\_\_\_  
Period of year during which storage will occur \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
(Mo. Day) (Mo. Day)  
c. Proposed well diameter is 8 inches; proposed depth of well is 120 feet.
7. a. Time required for the completion of the works and application of the water to the proposed beneficial use is 5' years.  
b. Estimated construction cost is \$ existing.
8. Description of proposed uses:  
a. If water is **not** for irrigation:  
(1) Give the place of use of water: NE  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Section 22 Township 2N  
Range 38E B.M.  
(2) Amount of power to be generated: \_\_\_\_\_ hp under \_\_\_\_\_ feet of head.  
(3) List number of each kind of livestock to be watered \_\_\_\_\_  
(4) Name of municipality to be served \_\_\_\_\_, or number of families to be supplied with domestic water 5.  
(5) If water is to be used for other purposes describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCANNED

AUG 11 2001

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: A25-07082  
Date Received: 5/ 3/1988  
Receipt No: E000167  
Received By: \_\_\_\_\_

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: THOMAS MACK 208-524-4673  
Address: 405 AMY LANE  
IDAHO FALLS ID 83406  
OR  
Name: ROBERT BUSH 208-522-9547  
Address: 375 AMY LANE  
IDAHO FALLS ID 83406  
OR  
Name: JEAN M. WINGERT 208-523-8580  
Address: 325 AMY LANE  
IDAHO FALLS ID 83406  
OR  
Name: TERRILL L. OCKERMAN 208-523-3748  
Address: 295 AMY LANE  
IDAHO FALLS ID 8340-6

2. Date of Priority: JAN 28, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County     |
|----------|-------|---------|--------|--------|-----|-----|------------|
| 02N      | 38E   | 22      | NE     | NE     |     |     | BONNEVILLE |

5. Description of diverting works:  
WELL, PUMP, MAINLINE TO FIVE SINGLE DOMESTIC HOMES

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S | (or) | A.F.A. |
|------------|-------|-------|-------|------|--------|
| DOMESTIC   | 01/01 | 12/31 | 0.190 |      |        |
| IRRIGATION | 04/01 | 11/01 | 0.030 |      |        |

7. Total Quantity Appropriated is:  
0.190 C.F.S. (and/or) 6.00 A.F.A.

MICROFILMED

APR 12 1994

8. Total consumptive use is 2.5 Acre Feet Per Annum.

9. Non-irrigation uses:  
D/5

10. Place of Use:

| Township      | Range | Section | 1/4 of | 1/4 | Lot | Use           | Acres |
|---------------|-------|---------|--------|-----|-----|---------------|-------|
| 02N           | 38E   | 22      | NE     | NE  |     | IRR<br>DOMEST | 1.0   |
| Section Acres |       |         |        |     |     |               | 1.0   |
| Total Acres   |       |         |        |     |     |               | 1.0   |

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:  
NONE

14. Remarks:

P/D AKA AS LOT 32, BLOCK 2, MOUNTAIN VIEW ADDITION, DIVISION #2  
P/U AKA LOT 31 (THOMAS K. MACK), LOT 32 (ROBERT F. BUSH), LOT 33  
(JEAN WINGERT), LOT 34 (TERRILL L. OCKERMAN),  
\*\*\*LOT 35, CROCKER, FREDERICK FILED HIS OWN CLAIM 25-13693  
AS A PORTION OF THIS RIGHT. HE DRILLED HIS OWN WELL.

15. Basis of Claim: LICENSE

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: \_\_\_\_\_

MICROFILMED

Copy for JS

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: A25-07083  
Date Received: 8/28/1989  
Receipt No: X999999  
Received By: \_\_\_\_\_

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: SPLIT RIGHT  
Address: NA, ID

00000

2. Date of Priority: JAN 28, 1976

3. Source: GROUNDWATER  
SPLIT RIGHT

Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 | of | 1/4 | of | 1/4 | Lot | County     |
|----------|-------|---------|-----|----|-----|----|-----|-----|------------|
| 02N      | 38E   | 22      |     |    | NE  |    | NE  |     | BONNEVILLE |

5. Description of diverting works:

6. Water is used for the following purposes:

| Purpose  | From  | To    | C.F.S. | (or) | A.F.A. |
|----------|-------|-------|--------|------|--------|
| DOMESTIC | 01/01 | 12/31 | 0.060  |      | 2.40   |

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

2.40 A.F.A.

8. Total consumptive use is

Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

| Township | Range | Section | 1/4 | of | 1/4 | Lot | Use    | Acres |
|----------|-------|---------|-----|----|-----|-----|--------|-------|
| 02N      | 38E   | 22      | NE  |    | NE  |     | DOMEST |       |

11. Place of use in counties: BONNEVILLE

A25-07083

Page 1

Date: 08/28/89

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NOV 10 1992



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

13. Other Water Rights Used:

14. Remarks:

APPLIES ONLY TO LTS. 8 & 10, BLK. 2, MTN. VIEW ADDN., DIV. 2.

THIS RIGHT HAS BEEN CLAIMED ON TWO SEPARATE CLAIM.

THE CLAIMS HAVE BEEN BASED UPON BENEFICIAL USE BACK TO ORIGINAL  
DATE OF FIRST USE. SEE:

A25-12797 - PARKS

A25-12798 - TOWN (BABEL)

15. Basis of Claim: LICENSE

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: A25-07082  
Date Received: 5/03/1988  
Receipt No: E000167

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

|          |                       |              |
|----------|-----------------------|--------------|
| 1. Name: | THOMAS MACK           | 208-524-4673 |
| Address: | 405 AMY LANE          |              |
|          | IDAHO FALLS, ID 83406 |              |
| OR       |                       |              |
| Name:    | ROBERT BUSH           | 208-522-9547 |
| Address: | 375 AMY LANE          |              |
|          | IDAHO FALLS, ID 83406 |              |
| OR       |                       |              |
| Name:    | JEAN M. WINGERT       | 208-523-8580 |
| Address: | 325 AMY LANE          |              |
|          | IDAHO FALLS, ID 83406 |              |
| OR       |                       |              |
| Name:    | TERRILL L. OCKERMAN   | 208-523-3748 |
| Address: | 295 AMY LANE          |              |
|          | IDAHO FALLS, ID 83406 |              |
| OR       |                       |              |
| Name:    | FREDERICK H. CROCKER  | 208-524-3022 |
| Address: | 265 AMY LANE          |              |
|          | IDAHO FALLS, ID 83406 |              |

2. Date of Priority: JAN 28, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

|          |       |         |        |        |     |     |            |
|----------|-------|---------|--------|--------|-----|-----|------------|
| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County     |
| 02N      | 38E   | 22      | NE     | NE     |     |     | BONNEVILLE |

5. Description of diverting works:  
WELL, PUMP, MAINLINE TO FIVE SINGLE DOMESTIC HOMES

6. Water is used for the following purposes:

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

A25-07082

Page 1

Date: 05/03/88

MICROFILMED  
NOV 1 U 1992



6. Water is used for the following purposes: Continued

| Purpose    | From  | To    | C.F.S (and/or) | A.F.A. |
|------------|-------|-------|----------------|--------|
| IRRIGATION | 04/01 | 11/01 | 0.030          |        |

7. Total Quantity Appropriated is:  
0.190 C.F.S. (and/or) 6.00 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:  
D/5

10. Place of Use:

| Township      | Range | Section | 1/4 of 1/4 | Lot | Use           | Acres |
|---------------|-------|---------|------------|-----|---------------|-------|
| 02N           | 38E   | 22      | NE         | NE  | IRR<br>DOMEST | 1.0   |
| Section Acres |       |         |            |     |               | 1.0   |
| Total Acres   |       |         |            |     |               | 1.0   |

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:  
NONE

14. Remarks:  
P/D AKA AS LOT 32, BLOCK 2, MOUNTAIN VIEW ADDITION, DIVISION #2  
P/U AKA LOT 31 (THOMAS K. MACK), LOT 32 (ROBERT F. BUSH), LOT 33  
(JEAN WINGERT), LOT 34 (TERRILL L. OCKERMAN), LOT 35 (FREDERICK  
H. CROCKER)

15. Basis of Claim: LICENSE  
Water Right Number:

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 \_\_\_\_\_

MAY 2 1988

Department of Water Resources

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: A25-07082

Date Received: 4/27/1988

Receipt No: E000167

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: THOMAS MACK 208-524-4673  
Address: 405 AMY LANE  
IDAHO FALLS, ID 83406  
OR  
Name: ROBERT BUSH 208-522-9547  
Address: 375 AMY LANE  
IDAHO FALLS, ID 83406  
OR  
Name: JEAN M. WINGERT 208-523-8580  
Address: 325 AMY LANE  
IDAHO FALLS, ID 83406  
OR  
Name: TERRILL L. OCKERMAN 208-523-3748  
Address: 295 AMY LANE  
IDAHO FALLS, ID 83406  
OR  
Name: FREDERICK H. CROCKER 208-524-3022  
Address: 265 AMY LANE  
IDAHO FALLS, ID 83406

2. Date of Priority: JAN 28, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County     |
|----------|-------|---------|--------|--------|-----|-----|------------|
| 02N      | 38E   | 22      | NE     | NE     |     |     | BONNEVILLE |

5. Description of diverting works:  
WELL, PUMP, MAINLINE TO FIVE SINGLE DOMESTIC HOMES

6. Water is used for the following purposes:

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

A25-07082

Page 1

Date: 04/27/88

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6. Water is used for the following purposes: Continued

| Purpose    | From  | To    | C.F.S (and/or) | A.F.A. |
|------------|-------|-------|----------------|--------|
| IRRIGATION | 04/01 | 11/01 | 0.030          |        |

7. Total Quantity Appropriated is:  
0.190 C.F.S. (and/or) 6.00 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:  
D/5

10. Place of Use:

| Township      | Range | Section | 1/4 of 1/4 | Lot | Use           | Acres |
|---------------|-------|---------|------------|-----|---------------|-------|
| 02N           | 38E   | 22      | NE         | NE  | IRR<br>DOMEST | 1.0   |
| Section Acres |       |         |            |     |               | 1.0   |
| Total Acres   |       |         |            |     |               | 1.0   |

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:  
NONE

14. Remarks:  
P/D AKA AS LOT 32, BLOCK 2, MOUNTAIN VIEW ADDITION, DIVISION #2  
P/U AKA LOT 31 (THOMAS K. MACK), LOT 32 (ROBERT F. BUSH), LOT 33  
(JEAN WINGERT), LOT 34 (TERRILL L. OCKERMAN), LOT 35 (FREDERICK  
H. CROCKER)

15. Basis of Claim: LICENSE  
Water Right Number:

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): Jean M. Wengert Date: 27 Apr 88  
Date: \_\_\_\_\_

State of Idaho )  
County of Bonneville ) SS.

Subscribed and sworn (or affirmed) before me this 27<sup>th</sup> day  
of April 19 88 Betty M. Carbutt  
Notary Public

Seal

Residing at Idaho Falls  
My Commission Expires 3-9-94

| OWNER<br>CODE | NAME & ADDRESS                                                        | PRIORITY<br>DATE | WATER USE              | USE PERIOD<br>FROM TO      | DIVERSION<br>RATE      | DIVERSION<br>VOLUME  |
|---------------|-----------------------------------------------------------------------|------------------|------------------------|----------------------------|------------------------|----------------------|
| C             | THOMAS MACK<br>405 AMY LANE<br>IDAHO FALLS ID 83406<br>(208) 524-4673 | 01/28/1976       | IRRIGATION<br>DOMESTIC | 04-01 11-01<br>01-01 12-31 | 0.030 CFS<br>0.190 CFS |                      |
|               |                                                                       |                  |                        |                            | TOTAL DIVERSION:       | 0.190 CFS            |
|               |                                                                       |                  |                        |                            | CONSUMPTIVE USE:       | 6.00 AFA<br>2.50 AFA |

C ROBERT BUSH  
375 AMY LANE  
IDAHO FALLS ID 83406  
(208) 522-9547

C JEAN M WINGERT  
325 AMY LANE  
IDAHO FALLS ID 83406  
(208) 523-8580

C TERRILL L OCKERMAN  
295 AMY LANE  
IDAHO FALLS ID 83406  
(208) 523-3748

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion: T02N R38E S22

NENE

BONNEVILLE County

Place of use Legal Description for: IRRIGATION

| 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 | : | SUM         |
| -----               |   |   |   |                     |    |    |    |                     |    |    |    |                     |    |    |    |    |    |   | -----       |
| 02N 38E 22 :        |   |   |   |                     |    |    |    |                     |    |    |    |                     |    |    |    |    |    |   |             |
|                     |   |   |   |                     |    |    |    |                     |    |    |    |                     |    |    |    |    |    |   | TOTAL ACRES |
|                     |   |   |   |                     |    |    |    |                     |    |    |    |                     |    |    |    |    |    |   | 1.0         |

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 | : |       |
| -----               |   |   |   |                     |    |    |    |                     |    |    |    |                     |    |    |    |    |    |   | ----- |
| 02N 38E 22 : D :    |   |   |   |                     |    |    |    |                     |    |    |    |                     |    |    |    |    |    |   |       |
|                     |   |   |   |                     |    |    |    |                     |    |    |    |                     |    |    |    |    |    |   |       |

POU County: BONNEVILLE

Non-Irrigation Uses: D/5

Other Rights: NONE

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):

|          |           |           |           |           |           |           |           |           |           |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 25-07268 | 25-12551  | 25-12797  | 25-12798  | 25-12799  | 25-13115  | 25-13269  | 25-13270  | 25-13271  | 25-13600  |
| 25-13693 | A25-07081 | A25-07268 | A25-12551 | A25-12694 | A25-12797 | A25-12798 | A25-12799 | A25-13115 | A25-13269 |

AJ5809NP  
No. A25-07082

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM PROFILE REPORT

DATE: 10/24/00  
PAGE: 128

=====

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):

A25-13270 A25-13271 A25-13600 A25-13693

Other Water Rights Listing Overlapping Place(s) of Use:

A25-07363 A25-13388Z0

Remarks: GEN P/D AKA AS LOT 32, BLOCK 2, MOUNTAIN VIEW ADDITION, DIVISION #2  
P/U AKA LOT 31 (THOMAS K. MACK), LOT 32 (ROBERT F. BUSH), LOT 33  
(JEAN WINGERT), LOT 34 (TERRILL L. OCKERMAN),  
\*\*\*LOT 35, CROCKER, FREDERICK FILED HIS OWN CLAIM 25-13693  
AS A PORTION OF THIS RIGHT. HE DRILLED HIS OWN WELL.

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

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

Audit: 04/27/88 WILSON 05/18/88 NOYES 08/12/93 DCARLSON 08/11/94 RMCCARTH  
03/29/95 POST-STD

MICROFILMED  
NOV 10 1962

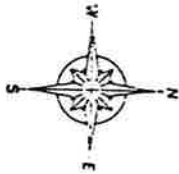
# MOUNTAIN VIEW ADDITION DIVISION NO 2

BONNEVILLE COUNTY, IDAHO

Part of

E 1/2 Sec. 22 T2N R38 E.B.M.  
DAVID E. BENTON CONSULTING ENGINEER  
IDAHO FALLS, IDAHO

SCALE: 1" = 200'

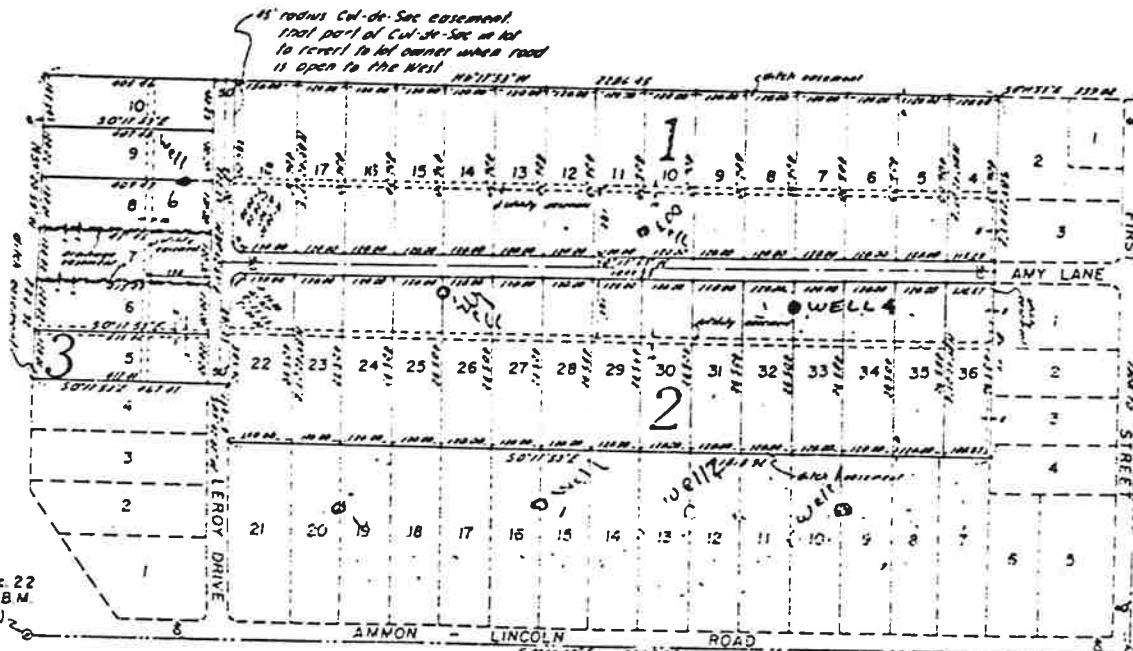


While this is a photographic reproduction of the recorded plat, the Company assumes no liability for variations, if any, with a re-survey.  
IDAHOTITLE & TRUST CO.  
Idaho Falls, Idah.

Scale 2 inches equal 1 mile

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

*David E. Benton*  
(Applicant) P.R.S.



No. 1/4 cor. Sec 22  
T2N R38 E.B.M.  
(brass cap)

E. 1/4 cor. Sec. 22  
T2N R38 E.B.M.  
(brass cap)

N.E. cor. Sec. 22  
T2N R38 E.B.M.  
(brass cap)

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NOV 11 1992