

Copy for SC

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: A25-07363
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: JUN 24, 1983
3. Source: GROUNDWATER Trib. to:
SPLIT RIGHT
4. Point of Diversion:
- | Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County |
|----------|-------|---------|--------|--------|--------|-----|------------|
| 02N | 38E | 22 | NE | NE | NE | | BONNEVILLE |
5. Description of diverting works:
WELL
6. Water is used for the following purposes:
- | Purpose | From | To | C.F.S. | (or) | A.F.A. |
|------------|-------|-------|--------|------|--------|
| IRRIGATION | 04/01 | 10/15 | 0.080 | | |
| DOMESTIC | 01/01 | 12/31 | 0.040 | | |
7. Total Quantity Appropriated is:
0.070 C.F.S. (and/or) A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
D/SINGLE HOME FOR 1 1/2 ACRES.
10. Place of Use:
- | Township | Range | Section | 1/4 of | 1/4 of | Lot | Use | Acres |
|---------------|-------|---------|--------|--------|-----|-----|-------|
| 02N | 38E | 22 | NE | NE | | IRR | 2.0 |
| Section Acres | | | | | | | 2.0 |
- A25-07363 Page 1 Date: 08/28/89

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MICROFILMED
NOV 6 7 1984

10. Place of Use: Continued

Total Acres 2.0

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:

14. Remarks:

THIS LICENSE HAS BEEN CLAIMED UNDER A25-12799 BASED UPON
BENEFICIAL USE WITH A PRIORTIY DATE MOVED BACK TO FIRST DAY OF
USE. SEE A25-12799

15. Basis of Claim: PERMIT

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 _____