

Water Right Number - A29-00073

Adj. Flag Translation: Adjudication Temporary Work Area

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** C - CURRENT OWNER ***

SPLIT RIGHT

1 -
2 -
3 -
City- N/A State- ID Zip- 00000
Phone - 208-000-0000

*** O - ORIGINAL OWNER ***

MUIR

S.

1 -
2 -
3 -
City- N/A State- ID Zip- 00000
Phone - 208-000-0000

MUIR

M. V.

1 -
2 -
3 -
City- N/A State- ID Zip- 00000
Phone - 208-000-0000

+ - - Priority Date - - + + - - - Region - - - + + - - - Stage - - - + + - - - Status - - - +
05/01/1881 15 Z - SEE REMARKS

+ - - - - Source - - - - + + - - - - - Tributary - - - - - +
TWENTY-FOUR MILE CREEK
SPLIT RIGHT PORTNEUF RIVER

Tw	Rng	Sec	Tract	Lot	RFlg	County	Point of Diversion	Stream Index (Blank if no Index Code)
06S	39E	33	SE SW			(29)	CARIBOU	
06S	39E	33	NW SE			(29)	CARIBOU	

Code	Description	Period From	Period To	Water Use	Diversion Rate	Diversion Volume
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+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Div. Capacity - + + - Total Consumptive Use - + + - KW Usage - +
2.000

Tw	Rng	Sec	Tract	Lot	Acres	Place of Use	Description	County
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Total Acres:

+ - Diversion Means - SPLIT RIGHT
+ - Non-Irrigation Use - SPLIT RIGHT
+ - Other Rights for Same Use - SPLIT RIGHT

NOV 13 1992

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Water right number - A29-00073

Adj. flag translation: Adjudication Temporary Work Area

+ - - - - Remarks - - - - - +
THIS RIGHT HAS BEEN SPLIT. 40 INCHES (0.80 CFS) HAS BEEN CLAIMED
UNDER A29-00073A
PORTION CLAIMED UNDER A29-00073B 0.40 CFS GARY L. HATCH
THE REMAINING PORTION IS 40 INCHES OR 0.80 CFS

+ - - - - Conditions of Approval - - - - - +
No Conditions of Approval found.

+ - - - - Decree Plaintiff - - - + + - - - - Decree Defendant - - - + + - Decree Date - +
UNION GRAIN & ELEVATOR CO. MCCAMMON DITCH CO. ET. AL. 00/00/0000

+ - - Audit Fields - 01/15/90 WILSON

+ - - - - Adjudication Rights Dates and Flags Area - - - - - +
Court Report Filing - 00/00/0000 Field Inspection Made - 00/00/0000 Civil Case Number - 39576
Objection Filed Date - 00/00/0000 Field Inspection Flag - Old Case Number -
Response Filed Date - 00/00/0000 Verified Date - 06/18/1985 Old Judicial District -
Claim Received Date - 11/29/1989 Last Amended Date - 00/00/0000 Temporary Right - P
Claims Tape Error Flg - Receipt Number - X777777 Water District - 29
Fee Exempt Flag - POU Ownership Flag - Y Federal/State Indicator - S
Name Connector -

NOV 13 1992
MICROFILMED

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: A29-00073
Date Received: 11/29/1989
Receipt No: X777777
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SPLIT RIGHT

Address:

N/A, ID

00000

2. Date of Priority: MAY 01, 1881

3. Source: TWENTY-FOUR MILE CREEK
SPLIT RIGHT

Trib. to: PORTNEUF RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
06S	39E	33		SE	SW		CARIBOU
				NW	SE		CARIBOU

5. Description of diverting works:
SPLIT RIGHT

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
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7. Total Quantity Appropriated is:
2.000 C.F.S. (and/or)

A.F.A.

8. Total consumptive use is

Acre Feet Per Annum.

9. Non-irrigation uses:
SPLIT RIGHT

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
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11. Place of use in counties:

A29-00073

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Date: 01/16/90

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JUN 22 2005

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

13. Other Water Rights Used:
SPLIT RIGHT

14. Remarks:

THIS RIGHT HAS BEEN SPLIT. 40 INCHES (0.80 CFS) HAS BEEN CLAIMED
UNDER A29-00073A
PORTION CLAIMED UNDER A29-00073B 0.40 CFS GARY L. HATCH
THE REMAINING PORTION IS 40 INCHES OR 0.80 CFS

15. Basis of Claim:

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ 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 _____

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