

# 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**

ID Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Claim Fee: \_\_\_\_\_ By: \_\_\_\_\_

## NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

**Please type or print clearly**

1. Name of Claimant(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_  
Street or Box City State

Email address (optional) \_\_\_\_\_

2. Date of Priority: (Only one per claim) \_\_\_\_\_ (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ( ) or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_

4. a. Location of Point of Diversion is: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_,  
\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, or Govt. Lot \_\_\_\_\_, BM, County of \_\_\_\_\_;

Parcel no. \_\_\_\_\_

Additional points of diversion if any: \_\_\_\_\_

If available, GPS coordinates \_\_\_\_\_

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

Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_, \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4,

Govt. Lot \_\_\_\_\_, BM, County of \_\_\_\_\_

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

Govt. Lot \_\_\_\_\_, BM, County of \_\_\_\_\_

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (AFY)

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

7. Total quantity claimed (a) \_\_\_\_\_ (cfs) and/or (b) \_\_\_\_\_ (AFY)

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

\_\_\_\_\_

9. Description of place of use:

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

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

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Parcel no(s). \_\_\_\_\_

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

10. In which county (ies) are lands listed above as place of use located? \_\_\_\_\_

11. Do you own the property listed above as place of use? Yes ( ) No ( )

If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

\_\_\_\_\_ or None ( )

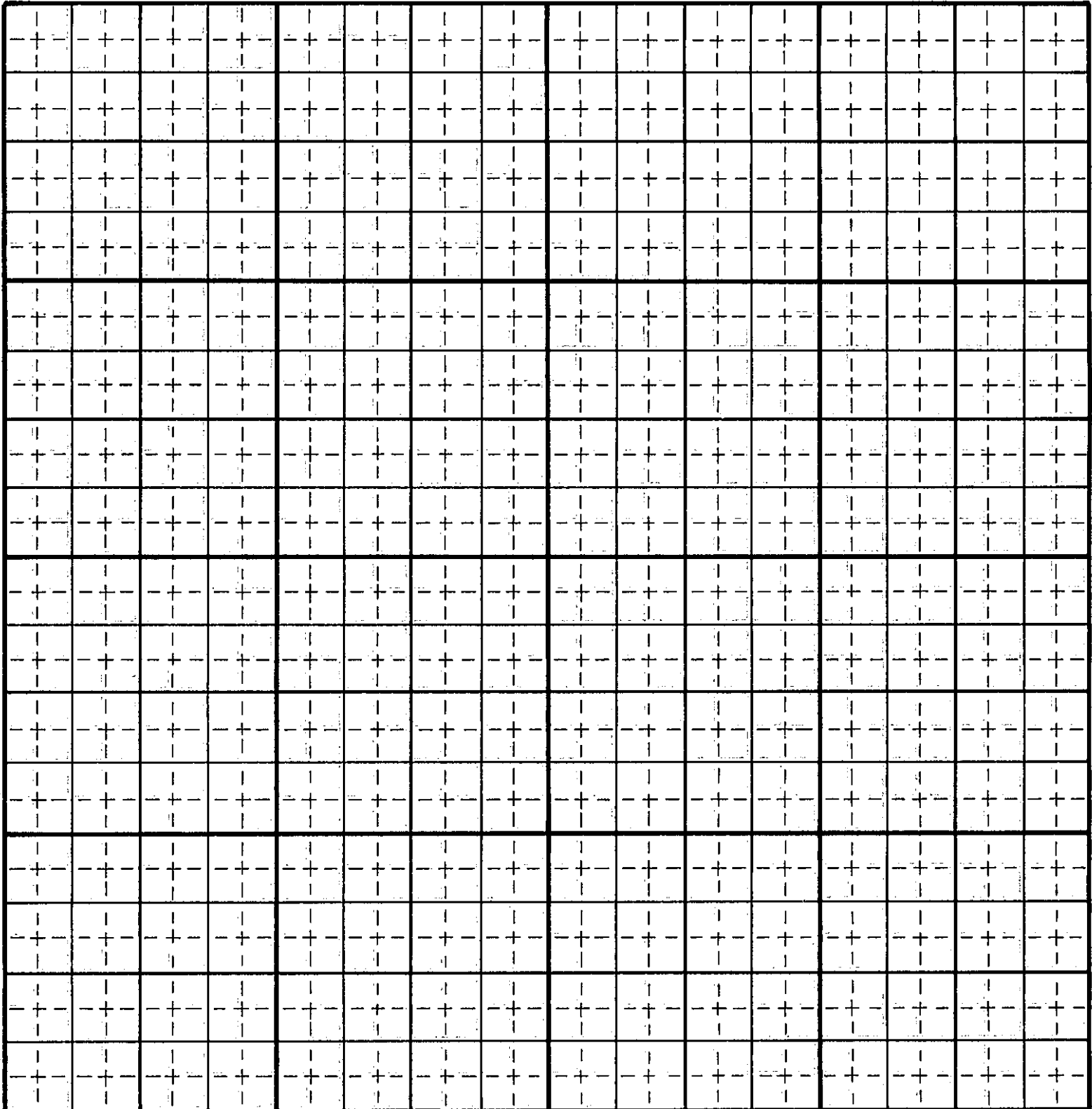
13. Remarks (Include an explanation of the priority date selected):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile



Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

14. Basis of Claim (Check One) Beneficial Use ( ) Posted Notice ( ) License ( ) Permit ( ) Decree ( )

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

Number of attachments: \_\_\_\_\_

15. Signature(s)

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

\_\_\_\_\_ of \_\_\_\_\_,  
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Authorized Agent \_\_\_\_\_

Agent's title & Name of organization \_\_\_\_\_

16. Notice of Appearance:

Notice is hereby given that I, (Please print) \_\_\_\_\_, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_