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| DISTRICT COURT - SRBA | |
| Fifth Judicial District | |
| County of Twin Falls - State of Idaho | |
| FEB 17 2023 | |
| FEB 17 2023 | |
| By _____ | Clerk |
| CIVIL CASE NUMBER: 39576 | Deputy Clerk |
| Claim ID: 63-35326 | |
| Date Received: _____ | |
| Receipt No: _____ | |
| Claim Fee: _____ | By: _____ |

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

Claim ID: 63-35326

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

1. Name of claimant(s) KEVIN L. NANCE & CHERYL D. NANCE Phone (208) 9831-7603Mailing address 2893 N EAGLE RD EAGLE ID Zip 83616
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 11/6/2019 (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. Location of point of diversion is: Township 4N, Range 1E, Section 32,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of ADA;

Parcel no. _____

Additional points of diversion, if any: THERE IS AN ORIGINAL WELL STILL USED IN THE SAME QQ

If available, GPS coordinates: _____

5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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.

THE WELL WAS DRILLED IN 2019 FOR A BACK-UP TO THE ORIGINAL WELL AND FOR USE IN THE GUEST HOUSE AND POSSIBLE IRRIGATION IN THE FUTURE. THERE IS A 2 HP PUMP IN THE WELL.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For DOMESTIC purposes from 1/1 to 12/31 amount 0.04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 cfs (✓) or AFY ()

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

ADRIAN J. BROWN
JAMES BROWN
JAMES BROWN
JAMES BROWN
JAMES BROWN

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JAMES BROWN
JAMES BROWN
JAMES BROWN
JAMES BROWN

9. Location of place of use is: Township 4N, Range 1E, Section 32,
SE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. _____
for (check one) Domestic () Stock (✓) Domestic and Stock ()

If different than shown in Item 4

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the 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.
THE ORIGINAL WELL IS STILL USED; THIS WELL WAS DRILLED AS A BACK-UP SUPPLY AND POSSIBLE IRRIGATION IN THE FUTURE. SEE TOO CLAIM or None ()

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

14. Basis of claim (check one) Beneficial Use (✓) Posted Notice () License () Permit () Decree ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. 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 under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) X Ken Nance Date: 11/29/22
X Cheryl Nance Date: 11/29/22

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 _____

16. Notice of Appearance:
Notice is hereby given that I, (please print) CANDICE M. MCHUGH, will be acting as attorney at law of behalf on 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 Candice M. Mchugh Date 2-10-2023

Address MCHUGH BROMLEY, PLLC, 380 S 4TH ST., STE 103, BOISE, ID 83702

Name of claimant(s) Nance Claim ID 63-35326