

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 47-16818
Date Received: 9/27/2001
Receipt No: 3024330
Received By: *[Signature]*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

VLADIMIR CHARLES PRUDEK
PO BOX 615
BUHL ID USA 83316

Phone: (208) 543-4673

LOIS R PRUDEK
PO BOX 615
BUHL ID USA 83316

Phone: (208) 543-4673

2. Date of Priority: 11/01/1997

3. Source: GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
09S	15E	30	NE SW	TWIN FALLS	

5. Description of diverting works:

Permit #D0002174, Pump 1.5 HP, water table 90 ft, well depth 140 ft, well casing 6 in. Pipe to home 1.5 in. steel to home.

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.04	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
09S	15E	30	NE	SW	DOMESTIC	

11. Place of use in counties: TWIN FALLS

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

13. Other Water Rights Used:

14. Remarks:

PROPERTY IS ALSO KNOWN AS LOT 9B, ORCHARD ESTATES SUBDIVISION.

15. Basis of Claim: BENEFICIAL USE

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Identification No. 87-16818

Date Received 9-27-2001

Receipt Number 5024330

**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.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) LOIS R. PRUDEK AND VLADIMIR C. PRUDEK Phone (208) 543 4673

Mailing Address PO BOX 615 Zip 83316

2. Date of Priority (Only one per claim) NOVEMBER 1, 1997 Month/Day/Year

3. Source of water supply (Check one) (☒) Groundwater or Other () (a) _____
Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 9 Range 15

Section 30 , NE 1/4 of SW 1/4 of _____ 1/4, Govt. Lot 9B , BM.,

County of TWIN FALLS

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. Permit #0002174, Pump 1.5 HP, water table 90', well depth 140', well casing 6", Pipe to home 1.5" steel to home.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

	Month/Day	Month/Day	(cfs)
For <u>DOMESTIC</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>0.04</u>			
(Both dates are inclusive)			
For _____ purposes from _____ to _____ amount _____			

7. Total quantity claimed 0.04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1

10. Place of use is: Township: 9 Range 15

Section 30, NE 1/4 of SW 1/4, Govt. Lot 9B, B.M.,

County of TWIN FALLS for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any NONE

11. In which county (ies) are lands listed above as place of use located? TWIN FALLS

12. Do you own the property listed above as place of use? Yes X No

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

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

NONE

14. Remarks: ORCHARD ESTATES

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court Decree Date Plaintiff vs Defendant

If applicable provide IDWR Water Right Number

16. Signature (s)

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

Number of Attachments

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) [Signature] Date Sept 26/01

[Signature] Date Sept 26/01

For Organizations: I do solemnly swear or affirm that I am

of Title that I have signed the foregoing

document in the space below as Organization of

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

Signature of Authorized Agent Date

Title and Organization

State of Idaho/or Idaho)

County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 24 day of September 19 2001

SEAL

Notary Public Karen Clark

Residing at Burke Idaho

My Commission Expires 12-03-2001

Last Name Ident No.

Copies: White-State, Yellow-Claimant

Idaho Department of Water Resources Receipt

Receipt ID S024330

Payment Amount Date Received Region Status

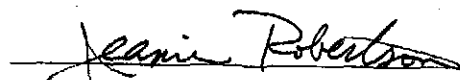
Payment Type
Cash

Payer

Comment

Fee Detail

Amount	Description	Fund	FD	PCA	SO
\$25.00	ADJUDICATION FILING FEE	0337	44503	1155	


Signature Line (Dept. Representative)

