

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: A74-00468
Date Received: 4/20/1990
Receipt No: X999999
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DOYLE L. MULKEY

Address: SALMON, ID 83467

Name: LOAH K. MULKEY

Address: SALMON, ID 83467

2. Date of Priority: JUN 01, 1950

3. Source: SANDY CREEK Trib. to: LEMHI RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
20N	23E	11	SE	NW			LEMHI

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.240		

7. Total Quantity Appropriated is:
0.240 C.F.S. (and/or)

A.F.A.

8. Total consumptive use is

Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
20N	23E	11	SE	NW		IRR	12.0

A74-00468

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Date: 05/10/90

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A7400468

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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: 74-00468
DATE RECEIVED: 4-20-90
RECEIPT NO: X99999
RECEIVED BY: -----

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. NAME: DOYLE L. MULKEY
ADDRESS:

SALMON, ID

83467

NAME: LOAN K. MULKEY
ADDRESS:

SALMON, ID

83467

RECEIVED
APR 20 1990

Department of Water Resources

2. DATE OF PRIORITY: JUN 01, 1950

3. SOURCE: SANDY CREEK

TRIB. TO: LEMHI RIVER

4. POINT OF DIVERSION:

TOWNSHIP	RANGE	SECTION	1/4 OF	1/4 OF	1/4	LOT	COUNTY
20N	23E	11	SE	NW			LEMHI

5. DESCRIPTION OF DIVERTING WORKS:

6. WATER IS USED FOR THE FOLLOWING PURPOSES:

PURPOSE	FROM	TO	C.F.S.	(OR)	A.F.A.
IRRIGATION	03/15	11/15	0.240		

7. TOTAL QUANTITY APPROPRIATED IS:
0.240 C.F.S. (AND/OR)

A.F.A.

8. TOTAL CONSUMPTIVE USE IS

ACRE FEET PER ANNUM.

9. NON-IRRIGATION USES:

10. PLACE OF USE:

TOWNSHIP	RANGE	SECTION	1/4 OF	1/4	LOT	USE	ACRES
20N	23E	11	SE	NW		IRR	12.0
SECTION ACRES							12.0
TOTAL ACRES							12.0

11. PLACE OF USE IN COUNTIES: LEMHI, LEMHI

12. DO YOU OWN THE PROPERTY LISTED ABOVE AS PLACE OF USE? YES

13. OTHER WATER RIGHTS USED:

14. REMARKS:

15. BASIS OF CLAIM: DECREE

CASE NUMBER:

COURT :

DECREE DATE:

DECREE PLAINTIFF

VS

DECREE DEFENDANT

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): Loah K. Mulkey DATE: 4/18/90

DATE: _____

FOR ORGANIZATIONS:

I DO SOLEMNLY SWEAR OR AFFIRM THAT I AM _____ OF

TITLE
_____, THAT I HAVE SIGNED THE FOREGOING
ORGANIZATION
DOCUMENT IN THE SPACE BELOW AS _____ OF

TITLE
_____ AND THAT THE STATEMENTS CONTAINED IN THE
ORGANIZATION
FOREGOING DOCUMENT ARE TRUE AND CORRECT.

SIGNATURE OF AUTHORIZED AGENT

TITLE AND ORGANIZATION

DATE

STATE OF IDAHO)
COUNTY OF Sandwich) SS.

SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS 18th DAY

OF April 1990

Don C. Muehlen
NOTARY PUBLIC

SEAL

RESIDING AT Salmon, Idaho

MY COMMISSION EXPIRES 6-23-92
DATE: 02/08/90

4/5/1989

RBA CLAIMS RECEIVING CHECKLIST

CLAIMANT'S NAME

Mulkey

CLAIM IDENT. NO.

A74-00468

DATE RECEIVED

4-20-90

CK #

AMOUNT \$

exempt

YES

NO

Required Info?

1. Is the name and address complete with zip code? ☒ YES ☐ NO *
2. Is a priority date entered? ☐ YES ☐ NO *
- Is the priority date acceptable in view of mandatory filing dates?
See Adjudication Memos #1 and #4 to determine if a Permit is required. ☐ YES ☐ NO *
3. (a) Is a source entered? ☐ YES ☐ NO *
- (b) Is a tributary to entered? (if required) ☐ YES ☐ NO N/A ☐ YES ☐ NO *
4. Is the legal description of the p.d. sufficient? ☐ YES ☐ NO *
5. Is there a description of the diverting works? ☐ YES ☐ NO *
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. ☐ YES ☐ NO *
- Is the period of use included? ☐ YES ☐ NO *
- Is a quantity claimed for each use? ☐ YES ☐ NO *
7. Is a total quantity claimed entered? ☐ YES ☐ NO *
8. If required is a consumptive use entered? ☐ YES ☐ NO N/A ☐ YES ☐ NO *
- Is the consumptive use correct? ☐ YES ☐ NO N/A ☐ YES ☐ NO *
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. ☐ YES ☐ NO N/A ☐ YES ☐ NO *
10. Is (are) the place(s) of use and purpose(s) indicated? ☐ YES ☐ NO *
11. Is (are) the county(ies) entered? ☐ YES ☐ NO *
12. Is the ownership of p.u. checked? ☐ YES ☐ NO *
13. Are other water rights listed or "none" indicated? ☐ YES ☐ NO *
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) ☐ YES ☐ NO N/A ☐ YES ☐ NO *
15. Is the basis of the claim indicated? ☐ YES ☐ NO *
16. If the claimant requested a monthly docket sheet, is payment enclosed? (if yes, describe payment status in "Comments" below.) ☐ YES ☐ NO N/A ☐ YES ☐ NO *
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☒ YES ☐ NO *
18. Has the claim been signed, sealed, and dated by a notary? ☒ YES ☐ NO *
19. Was this claim filed on time, or was an extension granted? ☒ YES ☐ NO *
20. Is the fee enclosed correct? ☐ YES ☐ NO Exempt ☒ YES ☐ NO *
21. If this claim is based on an existing water right, has the identification number been entered? ☐ YES ☐ NO N/A ☐ YES ☐ NO *
22. Should this claim be data entered? ☐ YES ☐ NO *

Claim checked by: RAS

Date:

5-8-90

Claim must be returned to claimant: ☐ (Yes) ☒ (No)Claimant must be notified of modifications: ☐ (Yes) ☒ (No)

Receipt Prepared by:

Claim data entered by:

Sent to claimant by:

RAS

Date:

Date:

Date:

5-10-90

5-16-90

Checked by:

MICROFILMED

DEC 14 1992

Comments: