

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: A74-02323
Date Received: 4/26/1990
Receipt No: X999999
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: HARVEY E. PETERSON
Address: P.O. BOX 46
LEADORE, ID 83464

2. Date of Priority: APR 09, 1959

3. Source: BIG EIGHTMILE CREEK Trib. to: LEMHI RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
16N	25E	33	SW	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	0.600		

7. Total Quantity Appropriated is:
0.600 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
16N	25E	28	NW	NE		IRR	11.0
			NE	NW		IRR	40.0

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OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

IDENT. NUMBER: 74-02323

DATE RECEIVED: 4-26-90

RECEIPT NO: X999999

RECEIVED BY: -----

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
APR 26 1990

1. NAME: HARVEY E. PETERSON
ADDRESS: P.O. BOX 46
LEADORE, ID 83464

Department of Water Resources

2. DATE OF PRIORITY: APR 09, 1959

3. SOURCE: BIG EIGHTMILE CREEK TRIP. TO: LEMHI RIVER

4. POINT OF DIVERSION:

TOWNSHIP	RANGE	SECTION	1/4 OF	1/4 OF	1/4	LOT	COUNTY
16N	25E	33	SW	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	0.600		

7. TOTAL QUANTITY APPROPRIATED IS:
0.600 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
16N	25E	28	NW	NE		IRR	11.0
			NE	NW		IRR	40.0

SECTION ACRES 51.0

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DATE: 02/08/90

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MICROFILMED
DEC 14 1992

A7402323

10. PLACE OF USE: CONTINUED

TOTAL ACRES 51.0

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:

AC. IRR.=50.3.

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): Harvey E. Peterson DATE: 4-23-90

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 Lemhi) SS.

SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS 23rd DAY

OF April 19 90

Clara E. Ellis
NOTARY PUBLIC

SEAL

RESIDING AT Leadsore, Idaho

MY COMMISSION EXPIRES 5-1-92

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DATE: 02/08/90

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4/5/1989

BA CLAIMS RECEIVING CHECKLIST

CLAIMANT'S NAME

Petersen

CLAIM IDENT. NO.

A74-02323

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 ☐ *
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 ☐ *
Is the consumptive use correct? ☐ YES ☐ NO ☐ N/A ☐ *
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 ☐ *
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 ☐ *
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 ☐ *
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 ☒ *
21. If this claim is based on an existing water right, has the identification number been entered? ☐ YES ☐ NO ☐ N/A ☐ *
22. Should this claim be data entered? ☒ YES ☐ NO ☐ *

Claim checked by:

RAJ

Date:

5-11-90

Claim must be returned to claimant:

☐ (Yes) ☒ (No)

Claimant must be notified of modifications:

☐ (Yes) ☒ (No)

Receipt Prepared by:

Claim data entered by:

ent to claimant by:

[Signature]

Date:

Date:

Date:

5/30/90

Checked by:

RAJ

Date:

5/29

Comments:

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