

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: A75-04148
Date Received: 5/01/1990
Receipt No: M006798
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: RAY SANDSTROM 208-894-2292
Address: HC 61 BOX 31-A
SALMON, ID 83467

AND
Name: DEBRA JO HOESCHERL 208-894-2292
Address: HC-61 31A
SALMON, ID 83467

2. Date of Priority: OCT 13, 1921

3. Source: SECOND CREEK Trib. to: SALMON RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
19N	21E	26	NE	NE	NE		LEMHI
			SE	NW	NE		LEMHI

5. Description of diverting works:
DITCHES.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	2.600		
STOCKWATER	01/01	12/31	0.040		

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

8. Total consumptive use is 455.0 Acre Feet Per Annum.

9. Non-irrigation uses:
S/70 HEAD CATTLE.

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Date: 05/03/90

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
19N	21E	26	SE	SW		IRR	10.0
					Section Acres		10.0
		35	NE	NW		IRR	32.0
			NW	NW		IRR	25.0
			SW	NW		IRR	25.0
			SE	NW		IRR	32.0
			NE	SW		IRR	2.0
			NW	SW		IRR	4.0
					Section Acres		120.0
					Total Acres		130.0

11. Place of use in counties: LEMHI

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

13. Other Water Rights Used:
75-4146, 75-4147, 75-4149

14. Remarks:

15. Basis of Claim: STATUTORY CLAIM

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): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____
My Commission Expires _____

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IN RE THE GENERAL ADJUDICATION
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CIVIL CASE NUMBER: 39576

Ident. Number

75-04148

Date Received

4/30/90

Receipt Number

M006798

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) RAY SANDSTROM & DEBRA JO HOECHERL Phone (208) 894-2292

Mailing Address HC-61, BOX 31A, SALMON, ID Zip 83467

2. Date of Priority (Only one (1) per claim) 13 OCTOBER 1921

3. Source of water supply (a) SECOND CREEK
which is tributary to (b) SALMON RIVER

4. a. Location of existing point of diversion is: Township 19N Range 21E Section 26,
NE 1/4 of NE 1/4 of NE 1/4, Govt. Lot, _____ B.M., County of LEMHI

Additional points of diversion if any: SE 1/4 OF NW 1/4 OF NE 1/4 TWP 19N R 21E SEC 26

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

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

Govt. Lot _____ B.M., County of _____

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

_____ 1/4, Govt. Lot _____ B.M., 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. WATER DRAWN INTO 3
TO FLOOD IRRIGATION

A7504148



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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For IRRIGATION purposes from APR 1 to NOV 1 amount 2.60 or _____

For STOCKWATER purposes from JAN 1 to DEC 31 amount .04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 2.64 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 325.0 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) STOCKWATER (10) HORSES, PRIVATE GAME

10. 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) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
19N	21E	35					32	25	25	32	2	4							120
19N	21E	26											10						10

Total number of acres irrigated 130

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

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.
75-4146, 75-4147, 75-4149 or None ()

14. Remarks:

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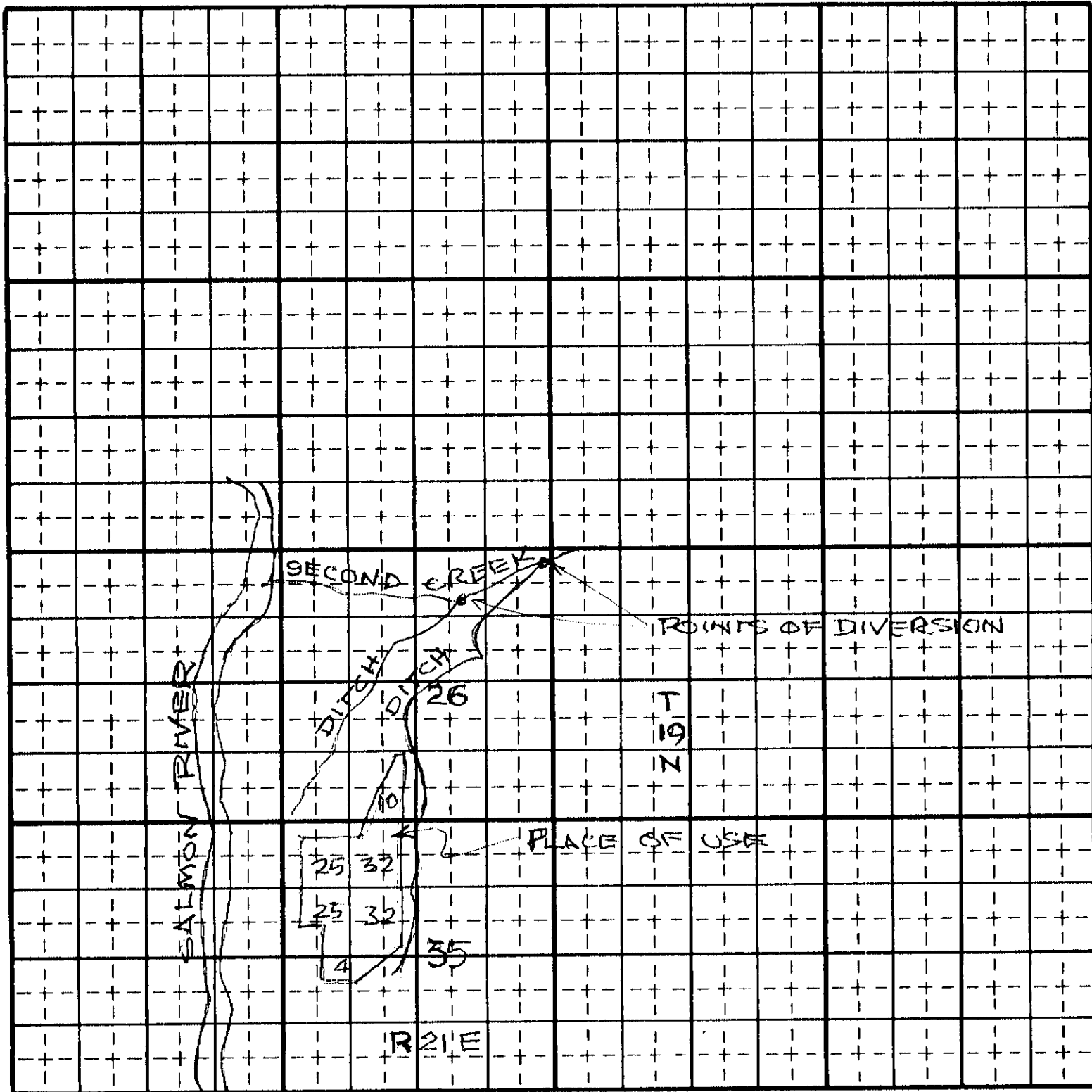
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Last Name SANDSTRUM/HOECHHERL Ident No. _____

Copies: White - State, Yellow - Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



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Last Name SANDSTROM/HOECHERL Ident No. _____

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15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____

Decree _____

If applicable provide IDWR Water Right Number 75-4148

Court _____ Case Number _____ Decree Date _____

Plaintiff vs 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 do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) [Signature] Date _____

[Signature] Date _____

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

Title _____

of _____, that I have signed the foregoing

Organization

document in the space below as _____ of _____

Title

Organization

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

Signature of Authorized Agent _____

Title and Organization _____ Date _____

State of Idaho/or Idaho)

County of Lemhi) SS.

Subscribed and sworn (or affirmed) before me this 8th day of Feb. 19 90

SEAL

Notary Public [Signature]

Residing at [Signature]

My Commission Expires 9-5-1991

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ 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 _____

Address _____

Date _____

Last Name SANDSTROM/HOECHER Ident. Number _____

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Copies White-State, Yellow-Claimant