

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: A75-07089
Date Received: 3/10/1993
Receipt No: C017029
Received By: _____

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

AMENDED

1. Name: LARS GRIMSRUD 208-756-3718
Address: P.O. BOX 1393
SALMON ID 83467
AND/OR
Name: RANDI GRIMSRUD 208-756-3718
Address: P.O. BOX 1393
SALMON ID 83467

2. Date of Priority: MAY 19, 1977

3. Source: SPRINGS Trib. to: ELI CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
20N	22E	9	SW	SE	NW		LEMHI
			SE	SE	NW		LEMHI
			NE	NE	SW		LEMHI

5. Description of diverting works:

HOLDING TANKS SUNK BELOW SPRINGS PIPED TO HOUSE. IRR. DITCH/DAM

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.310		
DOMESTIC	01/01	12/31	0.040		

7. Total Quantity Appropriated is:

0.350 C.F.S. (and/or) 48.60 A.F.A.

8. Total consumptive use is 40.0 Acre Feet Per Annum.

9. Non-irrigation uses:

DOMESTIC, 1 HOUSE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
20N	22E	4	SE	SW		IRR	6.0
						Section Acres	6.0
		9	NE	NW	3	IRR	10.0
						Section Acres	10.0
						Total Acres	16.0

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:
NONE

14. Remarks:

15. Basis of Claim: LICENSE

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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CIVIL CASE NUMBER: 39576

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75-07089

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10/7029

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

APR 24 1990

Department of Water Resources

Please type or print clearly

1. Name of Claimant (s) LARS GRIMSRUD, RANDI GRIMSRUD Phone (208) 756-3718

Mailing Address P.O. BOX 1393 SALMON, IDAHO Zip 83467

2. Date of Priority (Only one (1) per claim) MAY 12, 1977

3. Source of water supply (a) SPRINGS

which is tributary to (b) ELI CREEK

4. a. Location of existing point of diversion is: Township 20N Range 22E Section 9

NE 1/4 of NE 1/4 of SW 1/4, Govt. Lot, _____ B.M., County of LENAH COUNTY

Additional points of diversion If any: (2 POINTS) SE 1/4 SW 1/4 SE 1/4 NW 1/4
SW 1/4 SE 1/2 NW 1/4

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 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.

HOLDING TANKS SUNK BELOW SPRINGS

PIPELINES FROM HOLDING TANKS TO HOUSE

IRRIGATION DITCHES, DAM

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APR 19 1994

A7507089



6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For IRRIGATION purposes from 4-1 to 11-1 amount 0.31 or _____

For DOMESTIC purposes from 1-1 to 12-31 amount 0.04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.35 (cfs) and/or (b) 48.6 (acre feet)

8. Total consumptive use claimed is 48.6 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) DOMESTIC, ONE HOUSEHOLD

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	
<u>20N</u>	<u>22E</u>	<u>4</u>												<u>6</u>					<u>6</u>
<u>20N</u>	<u>22E</u>	<u>9</u>					<u>10</u>												<u>10</u>

Total number of acres irrigated 16

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

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. _____ or None (X)

14. Remarks:

- lot 3 -

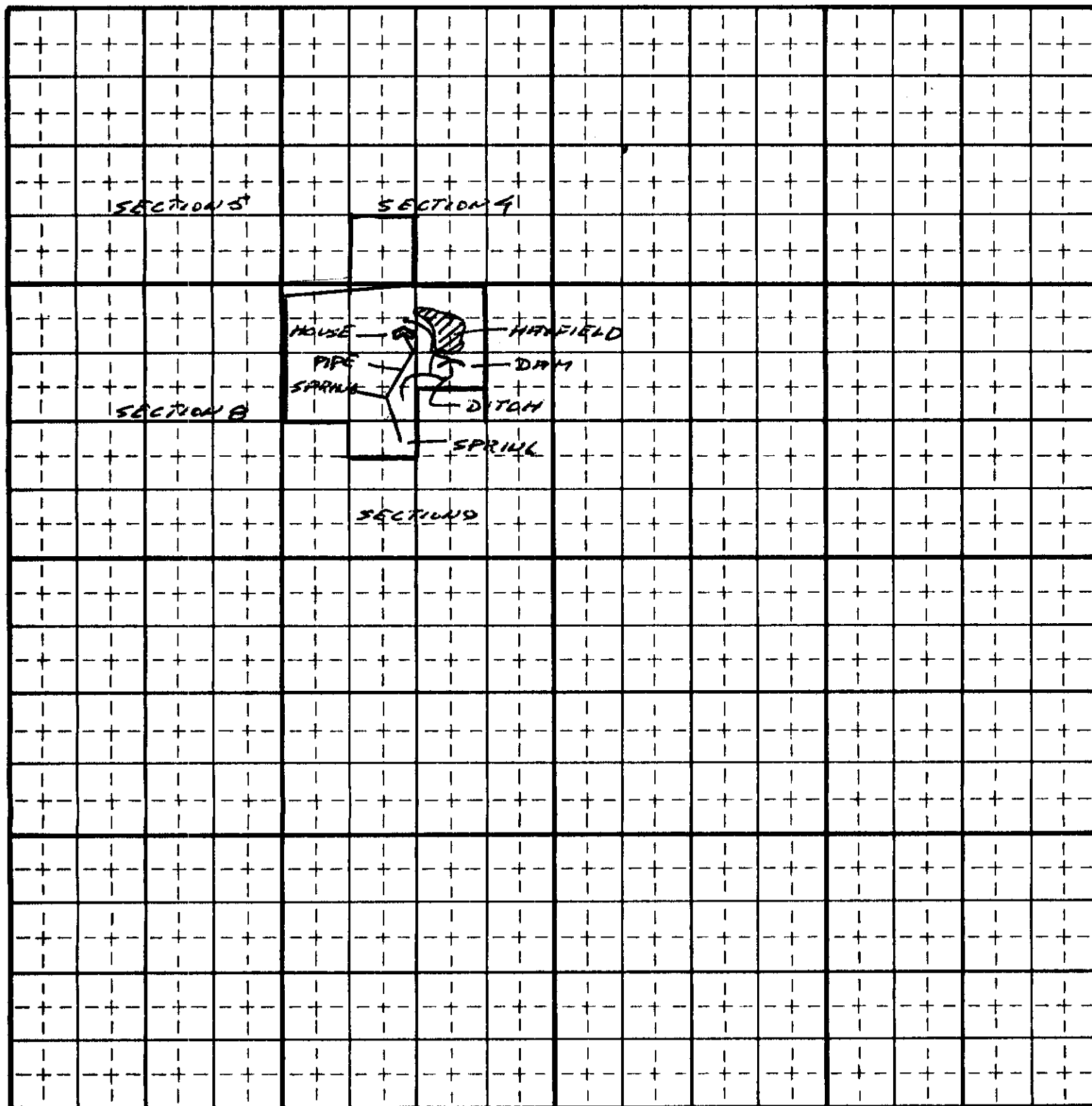
Last Name GRIMSRUD Ident No. 531-40-6254

Copies: _____
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State, Fellow-Citizen

APR 19 1994

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

Scale: 2 inches equals 1 mile



Last Name GRIMSRUD

Ident No. 531-40-6254

Copies: White-Sale, Yellow-Chairman

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

Decree _____

If applicable provide IDWR Water Right Number 75-7089

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) *Randi Grimsrud*

Date APRIL 16 - 1990

OR *Randi Grimsrud*

Date April 16 - 1990

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

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 _____)
County of Lemhi) SS.

Subscribed and sworn (or affirmed) before me this 16th day of April 19 90

SEAL

Notary Public *Steve Sayre*

Residing at Salmon, ID

My Commission Expires 4-3-96

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 GRIMSUD Ident. Number 531-40-6254

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Copies Will Be Made Available to Claimant
APR 19 1994

DEPARTMENT OF WATER RESOURCES
EASTERN DISTRICT OFFICE
900 N. SKYLINE DR.
IDAHO FALLS, IDAHO 83402

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APR 19 1994

A75-07088
A75-07089

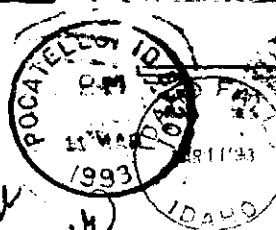
for anything
back on this yet?

Don

RECEIVED

MAR 10 1993

Department of Water Resources
Eastern District Office



*Allen
Lawyer
info*
*Remailed to this
address
3-15-93*

GRIMSRUD 83402-0002 1292 03/17/93
FORWARDING TIME EXPIRED
GRIMSRUD
24 E 600 S
OREM UT 84058-6216
RETURN TO SENDER



MARCH 11, 1993

LARS GRIMSRUD
P O BOX 1393
SALMON ID 83467

RE: IRRIGATION ADJUDICATION NOTICE A75-07089

Dear Mr. Grimsrud:

Please find enclosed a computer generated copy of the original Notice of Claim to a Water Right, A75-07089, filed for your property in Lemhi County. In review of the claim the following discrepancies were noted:

Your claim was filed as Lars Grimsrud, Randi Grimsrud, in Item #1. In accordance with Department rules the name connector "and/or" was added. Your claim is now filed as Lars Grimsrud and/or Randi Grimsrud.

Total consumptive use in Item #8 has been modified, from 48.6 acre feet to 40.0, based on consumptive use studies for your area which indicate annual consumption of 2.5 acre feet/acre/annum.

Please review the notice for accuracy. There may be an instance(s), in addition to the above item(s), where a clarification was made by the Department. Should you determine certain items need to be changed, make the necessary changes on this form, sign it, having your signature notarized, and return it to this office by April 12, 1993. If there are no changes simply keep this Notice for your records.

If you should have any questions regarding this matter please feel free to contact me at (208) 525-7161.

Respectfully submitted,

Allen B. Ruberry
Sr. Water Agent - Adjudications

Enclosures: Notice of Claim A75-07089

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APR 19 1994

WHITE - State Auditor
YELLOW - Remittance Advice
PINK - State Auditor then Agency
GOLDENROD - Agency Copy

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO
Office of State Auditor

AGENCY USE

9494
Date 06/19/90
Code 193002

VENDOR: If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME: DEPT. OF WATER RESOURCES

Document No.	
Pre-Audit	Date
Warrant No.	

PAY
TO

LARS OR LEE GRIMSRUD
PO BOX 1393
SALMON, ID 83467

CHECK ONE:

(1) MISCELLANEOUS EXPENDITURE
() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
ENCUMBRANCE REQUISITION

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No.

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	04 10 162	9337	8831		REFUNDS PER D. SHAFF WR #75-07089 6/ 1/90 4.00	4.00	
TOTAL							4.00

Ready for data entry -
- Consumptive Use 40 AF
Diversion Use 48 ~~6~~

NOTE: Final payment must be accompanied by a receiving copy

TOTAL

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment of the item or items described above. I hereby certify that the items described were ordered by proper authority; that they are necessary in the public service, that the items have been received and accounted for, and that the account as stated is correct and just.

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form; that totals carried hereon are correct; that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is asked are submitted herewith; and that there are funds in the state treasury and balance in appropriation accounts out of which the same may be lawfully paid.

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APR 19 1994

Date

Head of Agency or Institution

State Auditor

CP 6-18-90

TO: Debbie Allen

THRU: D. Shaff *DS*

FROM: J. CARLSON

DATE: 06-01-90

RE: Receipt C017029 Refund

Please process a refund of \$ 4.⁰⁰ to:

Lars or Lee Grimsrud
PO Box 1393
Salmon, ID 83467

75-07089
(overpmt.)

Claim submitted 4/24/90 with NO Fee.

Now to 5/10/90 to submit fee.

Check same via Norway 5/30/90

Out of Country Don ^{make} ~~give~~ allowance.
JAC.

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APR 19 1994



NP GROUP
Haakon VII's gate 1
P.O. Box 1583 Vika
N-0118 Oslo 1, Norway

6-1-90 Stamp removed
by unknown person
@ IDWR. Extensive
waste based search
found 0!

APR 19 1994

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State of Idaho
Department of Water Resources
1301 North Orchard Street
Statehouse Mail
Boise, Idaho 83720
U S A

MICROFILMED
APR 6 1994

PAR AVION
LUFTPOST

PAR AVION
LUFTPOST



RECEIPT
For Monies Paid
to the
IDAHO DEPARTMENT OF WATER RESOURCES

Receipt No: 0017029

Date: 05/30/90
Time: 08:02:10

Received

From: GRIMSRUD, LARS/RANDI

Type of Payment	Program Acct Class	Amount
ADJUDICATION FEE	0410162 9337 6490	\$70.00
Total		\$70.00

CHECK 653

Idaho Department of Water Resources

Region: STATE

Signature:

J. Yarbrough

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APR 19 1994

State of Idaho
Department of Water Resources
1301 North Orchard Street
Statehouse Mail
Boise, Idaho 83720, U S A

21-5-90

Re: Snake River Basin Adjudication (SRBA)
Lemhi County - Notice of Claim #A75-07089.

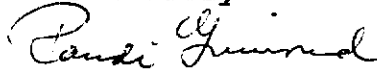
We were sorry to learn that by a mistake our check for \$66.00 was not included in our application.

Enclosed please find check

\$70.00

to cover the \$66 + late charges. We are temporarily in Europe, and your letter did not reach us until today, but we hope everything works out anyway.

Sincerely


Randi Grimsrud

Enclosure.

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APR 19 1994



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

April 27, 1990

Mr. & Mrs. Lars Grimsrud
P.O. Box 1393
Salmon, ID 83467

RE: Snake River Basin Adjudication (SRBA)
Lemhi County - Notice of Claim #A75-07089

Dear Mr. & Mrs. Grimsrud:

We are suspending processing of the above-referenced Notice of Claim to a Water Right.

The correct filing fee for this claim would be \$66.00. We can find no record of having received this amount in connection with this Notice of Claim. We are unable to process your claim until we receive the correct filing fees.

Please remit \$66.00 on or before May 10, 1990, to avoid late fees.

Do not hesitate to contact us if you have questions or concerns.

Yours Truly,

Donald V. Shaff
Manager, Adjudication Section

DVS:sf:state

Did not give
claimant enough time
BB

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APR 19 1994

4/5/89

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME

Grimstad, Lars & Randi

CLAIM IDENT. NO.

A75-07089

DATE RECEIVED

4-24-90

CK #

None

AMOUNT \$

66⁰⁰

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

Claim checked by:

J. / JPM

Date:

4-24-90

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:

Date:

Date:

Date:

Checked by:

Date:

Comments:

Request fees by 5/10 \$66 OK

MICROFILMED

APR 19 1994