

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: A75-07180
Date Received: 3/14/1990
Receipt No: EO12662
Received By: ES

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

MAR 20 1990

Department of Water Resources
Eastern District Office

1. Name: ROBERT D. NALL
Address: PO BOX 772
NORTH FORK, ID 83466
2. Date of Priority: AUG 14, 1980
3. Source: SALMON RIVER Trib. to: SNAKE RIVER
4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
24N	21E	21	NE	SE			LEMHI

5. Description of diverting works:
PUMP & SPRINKLER SYSTEM.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.100		

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

8. Total consumptive use is 12.5 Acre Feet Per Annum.

9. Non-irrigation uses: NONE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
24N	21E	21	NE	SE		IRR	5.0

Section Acres 5.0

Total Acres 5.0

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Date: 03/14/90

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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: PERMIT

16. Signature(s)

2 (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): Robert Wall Date: 3-28-90

Date: _____

State of Idaho)
County of LEMHI) SS.

Subscribed and sworn (or affirmed) before me this 28 day
of March 19 90

Sara J. Locklear
Notary Public

Seal

Residing at 2809 Hidden Valley Dr
Lake Nowes AZ 86403
My Commission Expires _____

MY COMMISSION EXPIRES 3/24/91

MY COMMISSION EXPIRES 3/24/91



State of Idaho

DEPARTMENT OF WATER RESOURCES

150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 - (208) 525-7161

EASTERN REGION

CECIL D. ANDRUS
GOVERNOR
R. KEITH HIGGINSON
DIRECTOR

March 15, 1990

Robert D. Nall
P.O. Box 772
North Fork, ID 83466

RE: Notice of Claim A75-07180

Dear Mr. Nall:

Please find enclosed a Notice of Claim which has been computer generated based on the information from our records.

Irrigation claims are assessed \$50.00 for each claim filed, plus \$1.00 per acre irrigated. In your case, you are claiming five acres, according to your license. The total filing fee for this claim is \$55.00. Please submit a check in this amount and return it, along with the claim, to this office before the filing deadline of May 10, 1990.

The Department has highlighted certain areas that need your attention. Item 9: Indicate here if there are uses other than irrigation. Item 16a: Indicate if you do or do not want to subscribe to the docket sheet. Signature of Claimant: You must sign this form in the presence of a Notary.

The information on this form was taken from License 75-7180. If you have any questions or objections regarding the computer record of your notice, please contact this office.

Respectfully submitted,

Ernest Carlsen
Adjudication Supervisor

EC:jt

Enclosure

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