

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: A75-10079
Date Received: 3/29/1990
Receipt No: E012607
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JAMES PAUL HUDSON 208-756-3193
Address: PO BOX 173
CARMEN, ID 83462

2. Date of Priority: MAY 01, 1915

3. Source: WASTE WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
22N	22E	3	NW	SE	NE		LEMHI

5. Description of diverting works:
WOOD HEADGATES/ DITCHES TO FLOOD IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.260		

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

8. Total consumptive use is 32.7 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
22N	22E	3	SE	NE		IRR	10.8
			NE	SE		IRR	2.2
Section Acres							13.0

A75-10079

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Date: 04/04/90

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10. Place of Use: Continued

Total Acres 13.0

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:
PART OF 75-0051 THRU 75-0057, 00069

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

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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NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

A7510079



Please type or print clearly

1. Name of Claimant (s) JAMES PAUL HUDSON Phone (208) 756-3193
Mailing Address P.O. BOX 173 CARMEN, IDAHO Zip 83462
2. Date of Priority (Only one (1) per claim) MAY 1, 1915
3. Source of water supply (a) WASTE WATER
which is tributary to (b) _____
4. a. Location of existing point of diversion is: Township 22N Range 22E Section 3,
NW 1/4 of SE 1/4 of NE 1/4, Govt. Lot, _____ B.M., County of LEMHI
Additional points of diversion if any: _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,
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. HEADGATE CONSISTING OF 24" CULVERT
WITH ADJUSTABLE COVER AND DITCH APPROXIMATELY 24" WIDE X 18" DEEP

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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 .26 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .26 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 32.7 acre feet per annum.

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

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
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
<u>22N</u>	<u>22E</u>	<u>3</u>				<u>10.83</u>													
<u>22N</u>	<u>22E</u>	<u>3</u>													<u>2.25</u>				

Total number of acres irrigated 13.08

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

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.
75-0051-75-0057 (BIG FLAT EXCHANGE), 75-0069, 75-0070 or None ()

14. Remarks:
LOT 5, AJAX PEAK SUBDIVISION - LOCATION OF PLACE OF USE
METHOD OF IRRIGATION: FLOOD

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Last Name HUDSON 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

LEGEND:

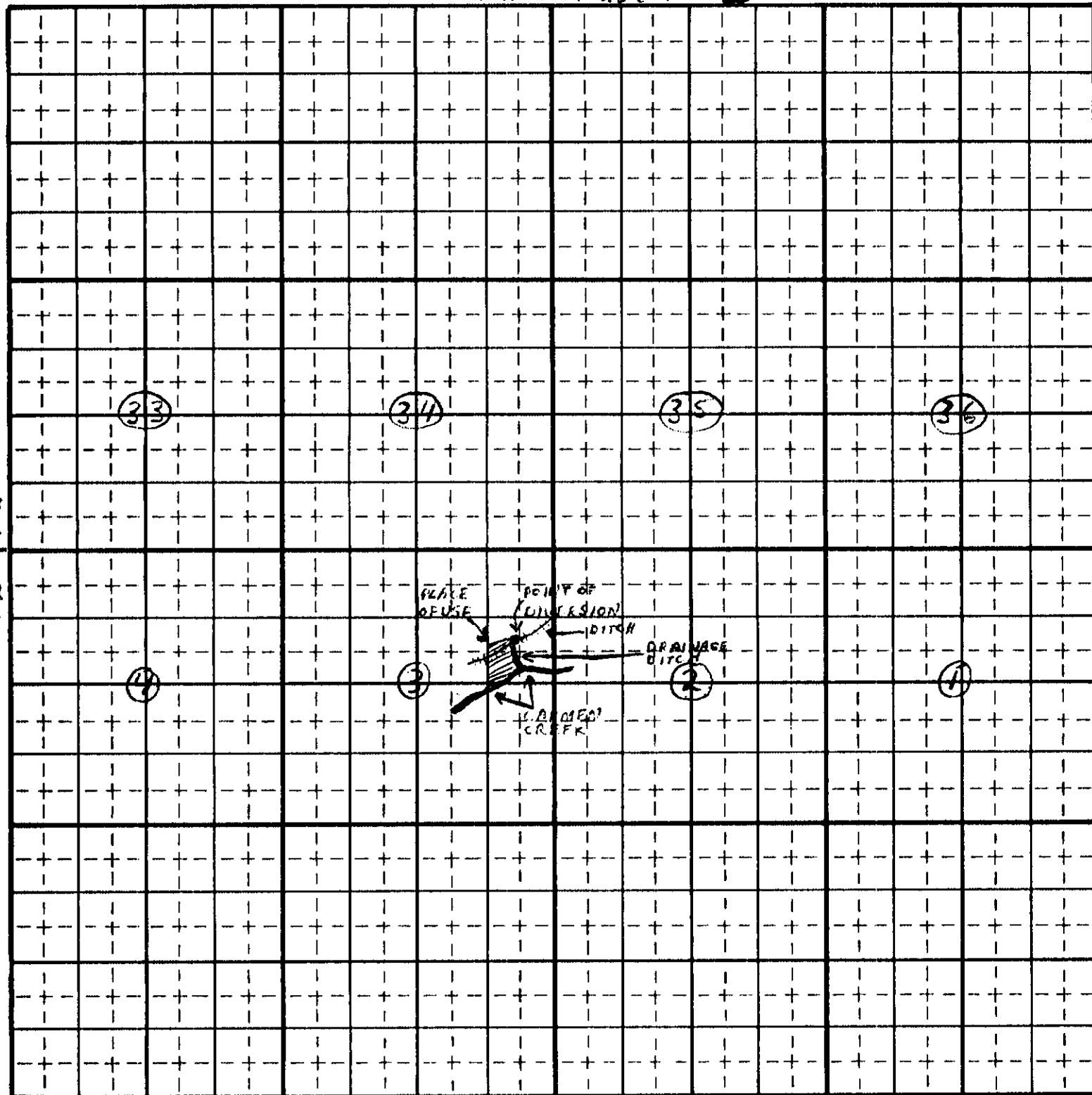
POINT OF DIVERSION: •

CORRECT CREEK: ———

DRAINAGE DITCH: ———

CONVEYANCE DITCH: ———

PLACE OF USE: [hatched box]



R. 22 E.

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DEC 15 1992

Last Name HUDSON

Ident No. _____

Copies: White-State, Yellow-Claimant

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

Decree _____

If applicable provide IDWR Water Right Number _____

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) _____ Date 3-29-90

_____ 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 _____)

County of Bonneville) SS.

Subscribed and sworn (or affirmed) before me this 29 day of March 19 90

SEAL

Notary Public Ernest Carlson

Residing at Idaho Falls, ID

My Commission Expires 6-14-1994

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 _____

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Last Name HUDSON Ident. Number _____

Copies White-State, Yellow-Claimant

