

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 75-13974
Date Received: 1/31/01
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

BRAD ULSHAFFER Phone: (208) 756-2112

17 DUTTON LN
SALMON ID USA 83467

2. Date of Priority: 04/01/1894

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	Type
20N	22E	6	SE SE NW	LEMHI	

5. Description of diverting works:

WING DAM, HEADGATE, DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/01	11/01	0.06	

7. Total Quantity Appropriated is:
0.06 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

A7513974



10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
21N	22E	19	NE	NE	IRRIGATION	1
Section Acres						1
Total Acres						1

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:

14. Remarks:

15. Basis of Claim: Decreed

NOTICE

This Packet Contains Four (4) Separate Forms
Remove This Stub And Fill Out Each Form Separately

Form No. 42-1409 (2) a 1/88

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1/23/01

E026442

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

RECEIVED

JAN 19 2001

Department of Water Resources
Eastern Region

Please type or print clearly

1. Name of Claimant (s) BRAD ULSHAFFER Phone 208 756-2112

Mailing Address 17 DUTTON LANE SALMON, IDAHO 83467

2. Date of Priority (Only one (1) per claim) APRIL 1, 1894

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

4. a. Location of existing point of diversion is: Township 20N Range 22E Section 6

SE 1/4 of SE 1/4 of NW 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. WING DAM, HEADGATE, DITCH

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For IRRIGATION purposes from APRIL 1 to NOV. 1 amount .060cfs or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

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

8. Total consumptive use claimed is .060cfs 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
			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	
21N	22E	19	1																1

Total number of acres irrigated 1

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

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:

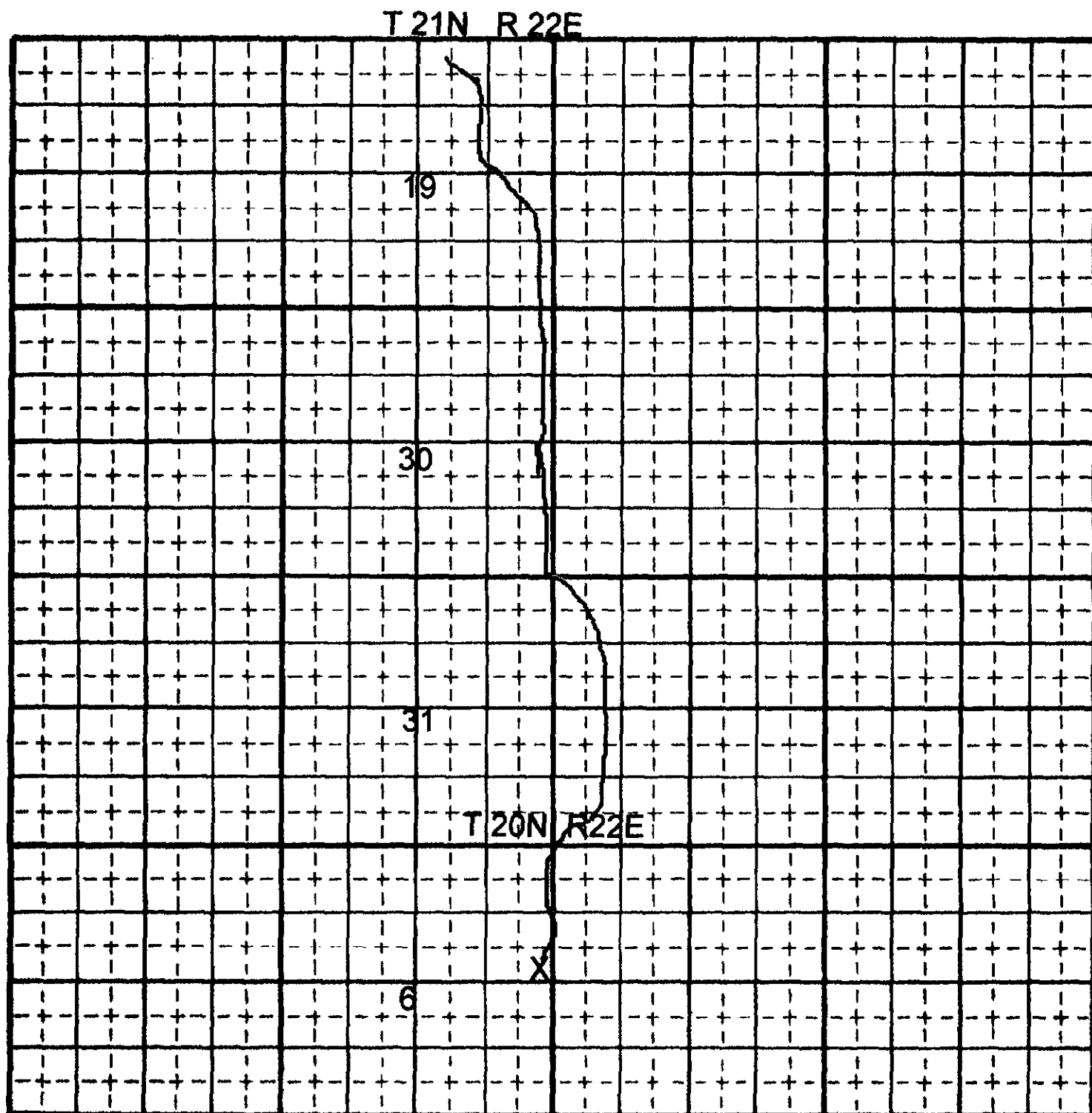
Last Name

ULSHAFFER

Ident No

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 ULSHAFFER 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 6TH JUDICIAL

Case Number 75-039

Decree Date 6/24/1915

Plaintiff vs Defendant

H. V. FERGUSON vs. THOMAS FERGUSON

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

1/12/01

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 _____

Title

of _____

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 to (or affirmed) before me this

17th

day of

January

18 2001

Notary Public

Robert E. Jost

Residing at

Salmon Idaho

My Commission Expires

02-16-2001

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 ULSHAFFER Ident. Number _____

Copies White-State, Yellow-Claimant