



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov.

?? is this the zip & po box
should be
0098?

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

July 11, 2005

RECEIVED

JUL 20 2005

DEPARTMENT OF
WATER RESOURCES

THOMAS H AND EVELYN R CARLSON
6220 RD 216
PINE BLUFFS WY 82082

RE: Snake River Basin Adjudication (SRBA)
Incomplete Notice of Claim to a Water Right #74-10146

Dear Mr. and Mrs. Carlson:

I was glad to receive your Notice of Claim last week. Sorry we never were able to connect by phone. We are returning incomplete Notice of Claim to a Water Right #74-10146 because we need your assistance before we can continue. I have also enclosed your receipt #C078498 for the filing fees you paid. Please retain the receipt for your files.

The purpose of use in Items #6 and Item #10 must match. Please add Stockwater and Domestic uses, period of use and amounts used at Item #6 to match Item #10.

Please initial any changes you make to this claim. Please return your claim to my attention at this office. You may want to make a copy of your claim before returning it to me.

Please call me at 208/287-4922 if you have any questions or concerns.

Sincerely,

Sally Sherman
Technical Records Specialist
Adjudication Technical Section

SS:region
Enclosures:

Incomplete Notice of Claim to a Water Right
Receipt #C078498

Sally I Added
SID on 6 to
match #10 Hope
this is right

RECEIVED

JUL 07 2005

Department of Water Resources

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER:

Ident. Number

Date Received

Receipt Number

39576
74-10146
7-7-05
CD 78498NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

JUL 20 2005

DEPARTMENT OF
WATER RESOURCES

Please type or print clearly

1. Name of Claimant (s) Thomas H. & Evelyn R Carlson Phone (307) 245 3322
- Mailing Address 6220 Rd 216 Pine Bluffs Zip WY 82082
2. Date of Priority (Only one (1) per claim) 11/06/1908 November 06 1908
3. Source of water supply (a) Adams Creek
which is tributary to (b) SINKS
4. a. Location of existing point of diversion is: Township 15N Range 25E Section 15,
NW 1/4 of SW 1/4 of 1/4, Govt. Lot, 1 B.M., County of Lenhi Idaho
- 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.

None

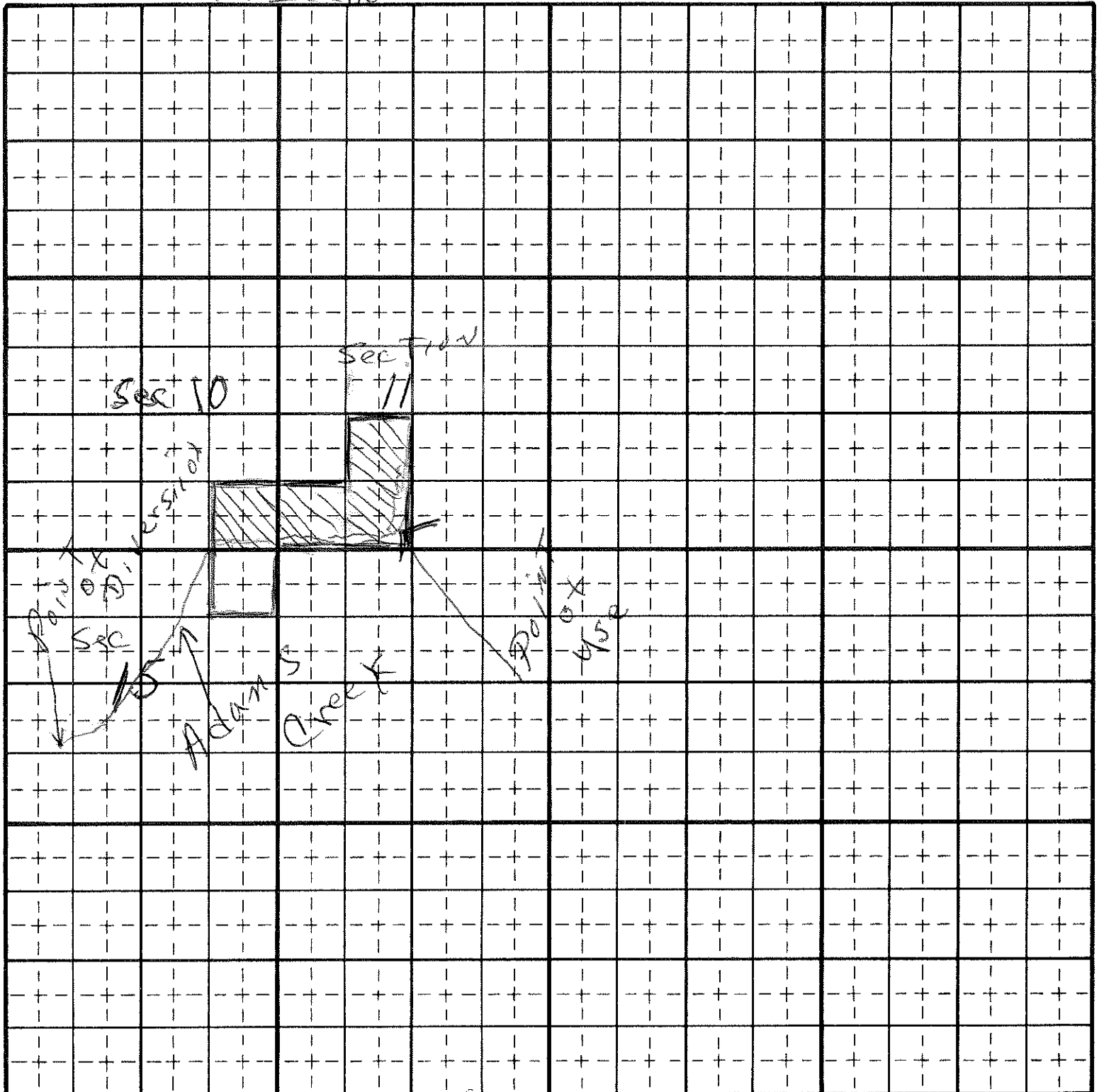
SCANNED

JUL 11 2005

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

Scale: 2 inches equals 1 mile

Lenhi Co. Idaho Twp 15N Rge 25E Sections 10-11-15



This creek terminates on this Ranch

Last Name CARLSON

Ident No. 74-10146

Copies: White-State, Yellow-Claimant

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 3/15 to 11/15 amount 0.400 or _____

For ~~Stock & Domestic~~ purposes from ~~3/15~~ to ~~11/15~~ amount _____ or _____

For Stock & Domestic purposes from 1-1 to 12-31 amount 0.07 or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.47 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 3/6 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Stock water 100 Head Cattle & 1 Horse

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	
15N	25E	10																38.0	38.0
		10																5.0	
15N	25E	11								40		40	40						120.0
		11								5		5	5						

Total number of acres irrigated 158

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

12. Do you own the property listed above as place of use? Yes ☒ 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:

This small stream terminates
on this Ranch & is the only
source of irrigation water & livestock
water

Last Name CARLSON Ident No. 74-10146

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Copies: White -State, Yellow-Claimant
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15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number 74-10146
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) Thomas H Carlson Date 6-30-05

Evelyn B Carlson Date 6-30-05

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

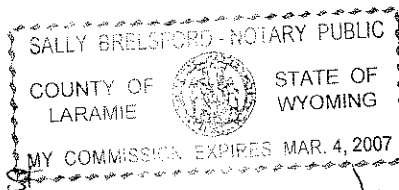
Organization

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 Wyoming)
County of Laramie) SS.



Subscribed and sworn (or affirmed) before me this 1st day of July 2005

SEAL

Notary Public Sally Brelsford

Residing at 503 Miller St. Pine Bluffs, WY

My Commission Expires 03/04/07

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 _____

SCANNED

JUL 11 2005

Last Name CARLSON Ident. Number 74-10146

Copies White-State, Yellow-Claimant