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AUG 05 2005

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

DEPARTMENT OF
WATER RESOURCES

IN 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

75-14235

8-5-05

C078783

d.r. 10 8-24-05

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

AUG 24 2005

DEPARTMENT OF
WATER RESOURCES

Please type or print clearly

1. Name of Claimant (s) A.C. PILKERTON Phone (208) 756-3016Mailing Address P.O. BOX 23, CARMEN, ID Zip 834622. Date of Priority (Only one (1) per claim) 04/01/19153. Source of water supply (a) CARMEN CREEK
which is tributary to (b) SALMON RIVER4. a. Location of existing point of diversion is: Township 23N Range 22E Section 35,1/4 of NE 1/4 of NE 1/4, Govt. Lot, B.M., County of LEMHIAdditional points of diversion if any: THIS RIGHT IS A SPLIT FROM FORMER RIGHT # 75-14047

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. DITCHES

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For IRRIGATION purposes from 04/01 to 11/01 amount .14 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .14 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ 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	
22N	22E	3					<u>3.5</u>												3.5 *

Total number of acres irrigated 3.5

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.

#75-2025D, #75-1006N, #75-10062L, #75-10062L BUT NONE FOR HIGH WATER USE. or None (✓)

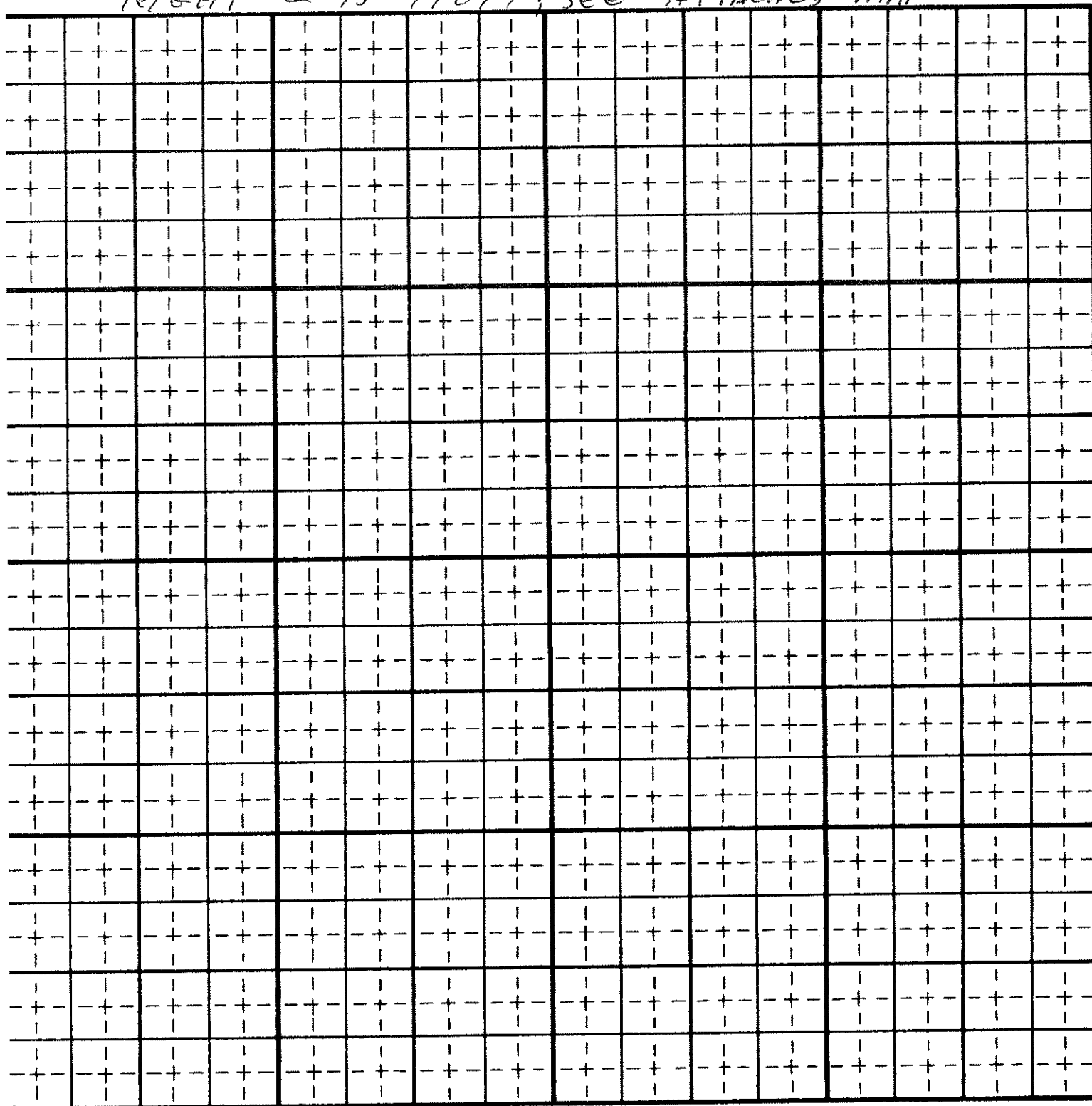
14. Remarks: * THIS RIGHT IS A SPLIT FROM FORMER RIGHT #75-14047

Last Name Pilkerton A.C. Ident No. 75-4235

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

Scale: 2 inches equals 1 mile

THIS RIGHT IS A SPLIT FROM FORMER
RIGHT # 75-14047, SEE ATTACHED MAP



Last Name *Pilkerton*

Ident No. *75-14235*

15. Basis of Claim (check one) Beneficial Use X 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 X
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 7-27-05

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

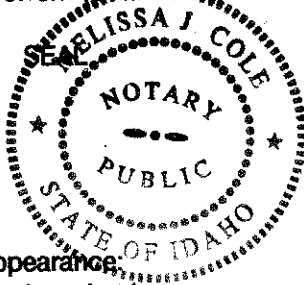
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____

Title and Organization _____ Date _____

State of Idaho/or Idaho)
County of Benewah) SS.

Subscribed and sworn (or affirmed) before me this 29th day of July 2005



Notary Public [Signature]

Residing at Scammon, Id

My Commission Expires 11/18/2006

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.

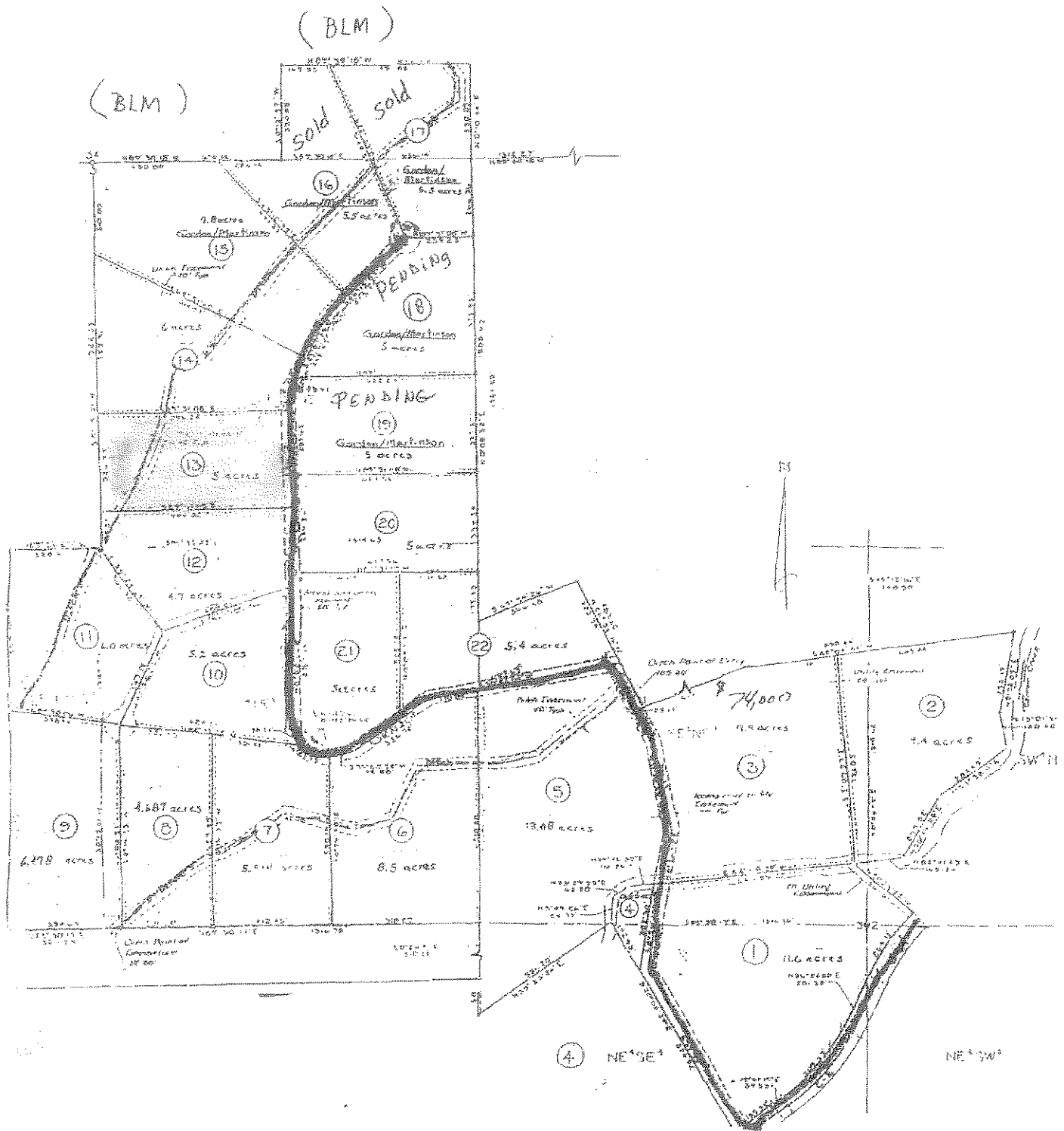
Signature _____

Address _____

Date _____

Last Name Pilkerton Ident. Number 75-14235

AJAX PEAK



Pilkerton 75-14235