

No Color  
Documents  
In File

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

CIVIL CASE NUMBER: 39576

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE SNAKE RIVER BASIN WATER SYSTEMIdentification No. A05-12288  
Date Received 2/26/91  
Receipt Number CO 19253NOTICE OF CLAIM  
TO A  
WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day.

Department of Water Resources  
Western Regional Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) CURTIS E. and ORALIA A. HAWKINS Phone (908) 382-4344Mailing Address HC 71 Box 2148 Cascade Idaho Zip 836112. Date of Priority (Only one per claim) 11/21/1979 Month/Day/Year3. Source of water supply (Check one) (☒ Groundwater or Other ( ) (a) Well  
Name or kind of source  
which is tributary to (b) \_\_\_\_\_4. Location of point of diversion is: Township 11N Range 4ESection 7 NE 1/4 of SE 1/4 of \_\_\_\_\_ 1/4, Govt. Lot \_\_\_\_\_, BM.,County of Valley

Additional points of diversion if any: \_\_\_\_\_

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. Well 145' deep, pump approx 120' deep approx 150' E. from House

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from Jan 1 to Dec 31 amount .04  
(Both dates are inclusive)

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total quantity claimed .04 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic. give number of households served if single ownership; Stockwater. Type and Number of livestock) 1 household

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10. Place of use is: Township: 11 N Range 3 E  
Section 7 NE 1/4 of SE 1/4, Govt. Lot \_\_\_\_\_, B.M.,  
for (Circle One) Domestic Stock Domestic and Stock  
Additional places of use, if any \_\_\_\_\_

11. In which county (ies) are lands listed above as place of use located? Valley
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.  
(4) None or \_\_\_\_\_
14. Remarks: \_\_\_\_\_

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree  
Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff vs Defendant \_\_\_\_\_  
If applicable provide IDWR Water Right Number 65-12288

16. Signature (s)  
(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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) Carsten E. Hawkins Date 2-22-91  
Dalia G. Hawkins Date 2/22/91

For Organizations: I do solemnly swear or affirm that I am \_\_\_\_\_  
of \_\_\_\_\_, that I have signed the foregoing  
document in the space below as \_\_\_\_\_ of \_\_\_\_\_  
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
Title and Organization \_\_\_\_\_

State of Idaho/or \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

**NOTARIZATION REQUIRED FOR EACH CLAIM**

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

SEAL

Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Last Name \_\_\_\_\_ Ident No. \_\_\_\_\_

Copies: White-State, Yellow-Claimant

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IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIMS PROOF READING REPORT  
(REGIONAL)

Water Right Number - A65-12288

Prefix Translation: ADJUDICATION CLAIM

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

\*\*\* C - CURRENT OWNER \*\*\*

HAWKINS

ORALIA A

1 - HC 71 BOX 2148

2 -

3 -

City- CASCADE

State- ID Zip- 83611

Phone - 208-382-4344

HAWKINS

CURTIS E

1 - HC 71 BOX 2148

2 -

3 -

City- CASCADE

State- ID Zip- 83611

Phone - 208-382-4344

+ - - Priority Date - - + + - - Region - - - + + - - Stage - - - + + - - Status - - - +  
11/21/1979 14 WESTERN X - REJECTED

+ - - - - Source - - - - - + + - - - - Tributary - - - - - +  
GROUNDWATER  
REJECTED SEE REMARKS

+ - - - - Point of Diversion - - - - - +  
Twn Rng Sec Tract Lot RFlg County  
11N 04E 7 NE SE (85) VALLEY

+ - - - - Water Use - - - - - +  
Code Description Period From Period To Diversion Rate Diversion Volume  
43 - DOMESTIC 01/01 12/31 0.040 1.20

+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Consumptive Use - + + - KW Usage - +  
0.040 1.20 0.0

+ - - - - Place of Use - - - - - +  
Twn Rng Sec Tract Lot Acres Code Description County  
11N 04E 7 NE SE 43 DOMESTIC (85) VALLEY

Total Acres:

+ - - Diversion Means - 145' WELL W/PUMP

+ - - Non-Irrigation Use - DOMESTIC, 1 HOME

+ - - Other Rights for Same Use -

+ - - - - Remarks - - - - - +

GEN CLAIM INCOMPLETE.  
INSUFFICIENT FEES.

Water right number - A65-12288

Prefix Translation: ADJUDICATION CLAIM

+ - - - - Old Water Right Numbers - - - - - +

+ - - - - Old Water Right Numbers - - - - - +  
No Old Water Right Numbers Found

+ - - - - Conditions of Approval - - - - - +  
No Conditions of Approval found.

+ - - - - Decree Plaintiff - - - + + - - - - Decree Defendant - - - + + - Decree Date - +  
00/00/0000

+ - - - - -Comments- - - - - +  
No Comments Found

+ - - Audit Fields - - +  
02/05/97 LHARRIS

+ - - - - Adjudication Rights Dates and Flags Area - - - - - +

|                      |              |                       |              |                         |         |
|----------------------|--------------|-----------------------|--------------|-------------------------|---------|
| Court Report Filing  | - 00/00/0000 | Field Inspection Made | - 00/00/0000 | Civil Case Number       | - 39576 |
| Objection Filed Date | - 00/00/0000 | Field Inspection Flag | -            | Old Case Number         | -       |
| Response Filed Date  | - 00/00/0000 | Verified Date         | - 00/00/0000 | Old Judicial District   | -       |
| Claim Received Date  | - 02/26/1991 | Last Amended Date     | - 00/00/0000 | Temporary Right         | - P     |
|                      |              | Receipt Number        | - C019753    | Water District          | -       |
|                      |              | POU Ownership Flag    | - Y          | Federal/State Indicator | - S     |
|                      |              | Name Connector        | - AND        | Presumption Flag        | -       |
|                      |              |                       |              | Notice of Error Flag    | -       |

## LATE FEE NOTICE

### LATE FEE REQUIRED

Idaho Code Section 41-1409(b) mandates that any claim filed as a part of the Snake River Basin Adjudication water right claims filing period and submitted after the filing deadline for the county within which the water use occurs must be charged a late filing fee. This late fee is an additional \$50 fee per claim or 15% of the original filing fee for the claim, whichever is greater. The reason for the late fee during claims filing was to give people incentive to complete their claims in a reasonable amount of time. The Department made every effort to assist people in completing their filings during the 120 day filing period for each county. In order for your claim(s) to be processed as a part of the Snake River Basin Adjudication, the late fee, as outlined in the enclosed letter, must be submitted along with your returned claim within the 30 day time period mentioned in this letter. Note that if the late fee is not received during the 30-day period, this claim(s) could be rejected.

We are providing the opportunity for you to file a Request for Extension of Time to avoid this late charge. Enclosed is a Request for Extension of Time form to be completed and submitted with your claim and late fee to our Western Region Office, 2735 Airport Way, Boise, ID 83705. If this extension request is granted, the late fee will be refunded to you.

Feel free to contact this office if you have any questions concerning either the letter or this notice.

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Water Right Number - 65-12288

Prefix Translation: WATER RIGHT

Old (D) Number -

+ - - - - Last Name - - - - - + + - First Name - - + + - - - - - Address - - - - - +

\*\*\* C - CURRENT OWNER \*\*\*  
HAWKINS

ORALIA A.

1 - HC 71 BOX 2148

2 -

3 -

City- CASCADE

State- ID Zip- 83611

Phone -

HAWKINS

CURTIS E.

1 - HC 71 BOX 2148

2 -

3 -

City- CASCADE

State- ID Zip- 83611

Phone -

+ - - Priority Date - - + + - - Region - - - + + - - State - - - + + - - Status - - - +  
11/21/1979 14 WESTERN I - LICENSE+ - - - - Source - - - - - + + - - - - Tributary - - - - - +  
GROUNDWATER+ - - - - - - - Point of Diversion - - - - - +  
Twn Rng Sec Tract Lot RFlg County Stream Index (Blank if no Index Code)  
11N 04E 7 NE SE (85) VALLEY+ - - - - - - - Water Use - - - - - +  
Code Description Period From Period To Diversion Rate Diversion Volume  
43 - DOMESTIC 01/01 12/31 0.040 1.20+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Div. Capacity - +  
0.040 1.20 0.040+ - - - - - - - Place of Use - - - - - +  
Twn Rng Sec Tract Lot Acres Code Description County  
11N 04E 7 NE SE 43 DOMESTIC (85) VALLEY

+ - - Diversion Means -

+ - - Non-Irrigation Use -

+ - - Other Rights for Same Use -

+ - - - - - - - Remarks - - - - - +  
No Remarks found.+ - - - - - - - Old Water Right Numbers - - - - - +  
No Old Water Right Numbers found.+ - - - - - - - Conditions of Approval - - - - - +  
No Conditions of Approval found.

Prefix Translation: WATER RIGHT

+ - Decree Date - +  
00/00/0000[illegible]

|                   |              |                  |              |                  |     |
|-------------------|--------------|------------------|--------------|------------------|-----|
| Proof Due Date    | - 01/01/1985 | Field Exam Made  | - 11/09/1987 | Field Exam Fee   | - N |
| Approved/Denied   | - 01/15/1980 | Protested Date   | - 00/00/0000 | Swan Falls       | -   |
| Proof Made Date   | - 11/19/1984 | Hearing Date     | - 00/00/0000 | Temporary Right  | - P |
| Exam to S.O. Date | - 00/00/0000 | Verified Date    | - 06/03/1985 | DLE/Carey Act    | -   |
| Order Show Cause  | - 00/00/0000 | Receipt Number   | -            | Water District   | -   |
| Licensed Date     | - 07/15/1988 | Appl Received    | - 11/21/1979 | Transfer/Amended | -   |
| Decree Date       | - 00/00/0000 | Presumption Flag | -            |                  |     |

# ADJUDICATION CLAIM REVIEW CHECKLIST

-1-92

CLAIMANT'S NAME

*Hawkins*

CLAIM IDENT. NO.

*A65-12388*

DATE RECEIVED *2/26/91* RECEIPT # *019753* FEE PAID \$ *25.* FEE REQ'D \$ *25.*

|                                                                                                                                                                                                                                                           | YES                                 | NO                                  | Required Info? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------|
| Is the name and address complete with zip code?                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| Is a priority date entered?                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| Is the priority date acceptable in view of mandatory filing dates?<br>See Adjudication Memos #1 and #4 to determine if a Permit is required.                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| (a) Is a source entered?                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| (b) Is a tributary to entered? (if required) N/A <input checked="" type="checkbox"/>                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| Is the legal description of the p.d. sufficient?                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| Is there a description of the diverting works?                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| Are the water uses appropriate for the form?<br>The short form is limited to D/S uses. Other uses must be filed on the long form. Note: If stockwater stor. or instream stockwater are filed on the short form & all items complete, do not return claim. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| Is the period of use included?                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| Is a quantity claimed for each use?                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| Is a total quantity claimed entered?                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| If required is a consumptive use entered? N/A <input checked="" type="checkbox"/>                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| Is the consumptive use correct? N/A <input checked="" type="checkbox"/>                                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| Are the non-irrigation uses listed showing # of homes, hd. of stock?                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| If multiple domestic, is single ownership indicated?                                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| Is (are) the place(s) of use and purpose(s) indicated?                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| Is (are) the county(ies) entered?                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| Is the ownership of p.u. checked?                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| Are other water rights listed or "none" indicated?                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) N/A <input checked="" type="checkbox"/>                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| Is the basis of the claim indicated?                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| If the basis of claim is shown as license, permit, or decree is the existing water right no. listed? N/A <input type="checkbox"/>                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| If yes, compare claim w/existing right and attach proof report noting any differences in comments.                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| If no, was water right no. found?                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | *              |
| If the basis of claim is shown as beneficial use, or not marked, are there existing water rights shown in our records using the legal description or name on the claim? N/A <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| (If yes, attach a proof report & complete number change)                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| NOTE: If the claim is for dom/stock this check is not as necessary unless it is located within an area where dom/stock rights were decreed.                                                                                                               |                                     |                                     |                |
| If the claimant requested a monthly docket sheet, was the fee paid? N/A <input checked="" type="checkbox"/>                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| Is the claim signed by the claimant, and is the signature appropriate?                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| Has the claim been signed, sealed, and dated by a notary?                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | *              |
| Was this claim filed on time? <i>MAILED 8-16-88, DUE 11-23-88</i>                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | *              |
| (Check ML3 for date mailed-not all were mailed on the planned date)                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | *              |
| If no, was an extension of time filed & approved?                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | *              |
| Is the fee enclosed correct? Exempt <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | *              |

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|                                                                      | YES           | NO            |
|----------------------------------------------------------------------|---------------|---------------|
| 23. Is this claim being rejected and returned to claimant? . . . . . | <u>✓</u>      | <u>      </u> |
| 24. Can this claim be data entered? . . . . .                        | <u>      </u> | <u>✓</u>      |
| 25. Was claim modified? . . . . .                                    | <u>      </u> | <u>      </u> |
| If yes, do modifications require notification to claimant? . . . . . | <u>      </u> | <u>      </u> |

Note: Modifications made must be explained in comments stating where the information for any changes was found.

Claim reviewed by: RNF Date 2-17-93  
 Claim data entered by: \_\_\_\_\_ Date \_\_\_\_\_

IF REQUIRED INFORMATION IS INCOMPLETE SEE INSTRUCTIONS TO DECIDE WHETHER THE CLAIM NEEDS TO BE RETURNED OR IF IT CAN BE MODIFIED. IF IT MUST BE RETURNED INSTRUCTIONS WILL SPECIFY WHICH FORM LETTER TO USE.

Comments: needs notary & state fee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECEIVED

JUL 15 1994

WATER RESOURCES  
WESTERN REGION

TO: S. Frazee to Log In

FOR: D. Shaff/D. Allen

FROM: R. McCarthy

Date: 5-18-94

SUBJ: Receipt No. 0019753 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR

Address

Curtis &amp; Oralia Hawkins

HC 71, Box 2148

Cascade, ID 83611

Claimant(s) if NOT Payor

Refund Amount \$ 25.00

Claim Location (Region/Claimant)

Extension Filed? Y/N NA

Copy Attached? Y/N NA

Late Fees Paid? Y/N NA

Late Fee Receipt #

S.O. Verified Ext. by on D.B. Query by

Refund Generated By (✓) Agent ( ) Claimant

Refund Category:

insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) 7-8-93

| Claim No.   | Use*     | Fees Paid | Correct Fee | Rec't # |
|-------------|----------|-----------|-------------|---------|
| A65-12388   | domestic | \$ 25.00  | 25.00       | 0019753 |
|             |          | \$        |             |         |
|             |          | \$        |             |         |
|             |          | \$        |             |         |
|             |          | \$        |             |         |
|             |          | \$        |             |         |
| Total ..... |          | \$ 25.00  | \$ 25.00    |         |

\*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N

No late fee paid; claim not returned to IDWR

Region AJ Spvsr. Approval

Don Shaff Approval 5-19-94

S.O. AJ Spvsr. Approval

Hold 2 wks?

To Fiscal 06-27-94

Logged 05-18-94

Data Base Modified? Y/N NA A &amp;/or R Records By on

05/12/93

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SUBMITTED TO AUDITOR  
ON \_\_\_\_\_

TO: S. Frazee to Log In  
FOR: D. Shaff/D. Allen  
FROM: R. McCarthy Date: 5-18-94  
SUBJ: Receipt No 0019753 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Curtis & Oralia Hawkins  
Address HC 71, Box 2148  
Cascade, ID 83611

Claimant(s) if NOT Payor \_\_\_\_\_  
Refund Amount \$ 25.00 Claim Location (Region/Claimant) \_\_\_\_\_  
Extension Filed? Y/N NA Copy Attached? Y/N NA  
Late Fees Paid? Y/N NA Late Fee Receipt # \_\_\_\_\_  
S.O. Verified Ext. by \_\_\_\_\_ on \_\_\_\_\_ D.B. Query by \_\_\_\_\_  
Refund Generated By (☒ Agent ( ) Claimant  
Refund Category:  
insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) 7-8-93

| Claim No.        | Use*            | Fees<br>Paid    | Correct<br>Fee  | Rec't #        |
|------------------|-----------------|-----------------|-----------------|----------------|
| <u>A65-12788</u> | <u>domestic</u> | \$ <u>25.00</u> | <u>25.00</u>    | <u>0019753</u> |
| _____            | _____           | \$ _____        | _____           | _____          |
| _____            | _____           | \$ _____        | _____           | _____          |
| _____            | _____           | \$ _____        | _____           | _____          |
| _____            | _____           | \$ _____        | _____           | _____          |
| Total .....      |                 | \$ <u>25.00</u> | \$ <u>25.00</u> |                |

\*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N  
No late fee paid; claim not returned to IDWR

Region AJ Spvsr. Approval \_\_\_\_\_ S.O. AJ Spvsr. Approval \_\_\_\_\_  
Don Shaff Approval 5-19-94 Hold 2 wks? To Fiscal 06-27-94  
Logged 05-18-94  
Data Base Modified? Y/N NA A &/or R Records By \_\_\_\_\_ on \_\_\_\_\_



**State of Idaho**

**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

May 24, 1994

CURTIS AND ORALIA HAWKINS  
HC 71 BOX 2148  
CASCADE ID 83611

RE: Snake River Basin Adjudication (SRBA)  
Valley County - Receipt #C019753

Dear Claimants:

In our letter to you of July 8, 1993, you were offered some options to record your water right. Since we have not received anything further from you, the refund process has been initiated with the State Auditor's Office for the fees you paid. You should receive your check in the near future.

If you later decide to refile, a new claim must be completed within one year with filing fees and appropriate late fees included at the time of submittal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donald V. Shaff'.

Donald V. Shaff  
Manager, Adjudication Section

DVS:sf:ref

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State of Idaho  
DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way, Boise, Idaho 83705-5082 - (208) 334-2190  
FAX (208) 334-2348

*mailed July 8, 1993*

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

[ Curtis E. & Oralia A. Hawkins ]  
AC 71 Box 2148  
Cascade ID 83611  
[ ]

Dear Claimant(s):

This office is presently processing the Notice of Claim(s) to a Water Right you submitted during the Snake River Basin Adjudication claims filing in your area. However, due to the items checked below, we cannot continue to process this claim(s). We are returning this claim(s) to you to complete items required that were incomplete on your claim form. **ONLY THE ITEMS CHECKMARKED IN THIS LETTER NEED COMPLETION. IF AN ITEM IS NOT CHECKMARKED, IT IS NOT PERTINENT TO THIS CLAIM(S).** Also enclosed is the receipt for the filing fee previously submitted with this claim(s).

\_\_\_\_\_ Fee - No fee received or inadequate fee received, fee due is \_\_\_\_\_.  
(Filing fees, based on use(s) of water, were due on all claims filed)

X Late Notice of Claim - This claim was received on 2/26/91 which is after the deadline for filing claims in Valley County. The deadline for this County was 11/23/88, and the late fee now due is \$50.00. The enclosed Late Fee Notice explains the late fee and how it is computed.

\_\_\_\_\_ Item No. 2 - Date of priority - month/day/year that water was first put to use, regardless of ownership. If month or day is unknown, the Dept. will recommend 12/31 of the year designated.

\_\_\_\_\_ Item No. 3 - Source of Water

\_\_\_\_\_ Item No. 4 - Point of Diversion - must be shown by quarter-quarter (40 acre tract), section, township and range. Lot and block for subdivision are not acceptable as the legal description for the point of diversion, however, please include this information in the remarks section of your claim. See page two of this letter for additional information.

\_\_\_\_\_ Item No. 6 - Uses of Water

\_\_\_\_\_ Item No. 9 - Non-Irrigation Uses

\_\_\_\_\_ Item No. 10 - Place of Use - must be listed by quarter-quarter (40 acre tract), section, township, and range. Lot and block for subdivision are not acceptable as the legal description for the place of use, however, please include this information in the remarks section of your claim. See page two of this letter for additional information.

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Item No. 12 - Ownership of place of use - It appears that the places of use filed on this claim are owned by separate individuals. This claim form can only be used when the places of use are under single ownership, even when all the uses are from one source. Enclosed are claim forms to be used to file on each separately owned place of use. The claim being returned will need to be modified to show one owner, with the changes initialed and dated. The \$25 fee for this claim has been submitted, however, the additional claims returned need to submit a \$25 fee each.

Item No. 15 - Basis of Claim - Please designate if your water right is based on beneficial use of the water - Beneficial Use, or if it is based upon a previously filed water right - Posted Notice, License, Permit or Decree.

X Item No. 16 - Signature - this claim form does require your signature be affixed and notarized by a notary public. Note, the notary public signs below the signature blocks listed in this item.

MAP ENCLOSED: Please mark the location of the well(s) and the location of the place(s) of use on this map. Then return the map with your claim and the additional information requested, if any. We can then determine the quarter-quarter(1/41/4) legal description based on the locations marked on this map.

Other: \_\_\_\_\_

Please complete the above item(s) on your claim form(s), initial and date any changes or additions, and return the claim(s), with the requested fee(if one was requested), to our office within 30 days from the date of this letter. If the claim(s), or fee requested, is not received within this 30-day period, the claim(s) will be rejected and your fee, if one was paid previously, will be refunded. Please contact our office listed in the address below, within the 30 day time period, either in writing or by phone, to let us know if there is a problem returning the claim(s), or fee, in order to keep this claim(s) valid. If the claim(s) is rejected and fee refunded, due to no response within the 30-days, the claim(s) can be resubmitted up until claims in this area are prepared for court decree. However, at that time the corrected claim(s) along with the regular filing fee that was refunded, and an additional late fee will be required. Please return your claim(s), any other claims, information or fees requested, if any, to the Department of Water Resources, Western Region Office, 2735 Airport Way, Boise, ID 83705.

Feel free to contact this office if you have any questions concerning this letter.

Sincerely,

Adjudication Staff  
Department of Water Resources  
Western Region Office  
(208) 334-2190

MICROFILMED

OCT 21 1996

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Enclosures

SPECIAL NOTE: IF YOU NO LONGER OWN THE PROPERTY UPON WHICH THIS CLAIM WAS FILED, PLEASE CONTACT THIS OFFICE IMMEDIATELY. IDAHO STATE LAW REQUIRES THAT THE DEPARTMENT BE NOTIFIED OF A CHANGE OF OWNER OR ADDRESS ON A WATER RIGHT.