

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 27-11916Date Received 11-7-01Receipt Number E027252

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

NOV 07 2001

Department of Water Resources
Eastern Region

Please type or print clearly

1. Name of Claimant (s) CRAIG PEARSON/BRADLEY TORGESEN Phone (208) 547-4381 x378Mailing Address 720 EAST 400 NORTH, SODA SPRINGS, ID Zip 832762. Date of Priority (Only one (1) per claim) 28 OCTOBER 19353. Source of water supply (a) UNNAMED STREAM
which is tributary to (b) BLACKFOOT RIVER4. a. Location of existing point of diversion is: Township 7S Range 44E Section 7,
NW 1/4 of SW 1/4 of SE 1/4, Govt. Lot, B.M., County of CARIBOUAdditional points of diversion if any: NONE

b. If instream flow, beginning point of claimed instream flow is:

Township 7S Range 44E Section 7, SW 1/4 of NW 1/4 of SW 1/4 of SE 1/4,
dc dc
Govt. Lot B.M., County of CARIBOUending point is: Township 7S Range 44E Section 7, NE 1/4 of SW 1/4 of SE 1/4 of
SE 1/4, Govt. Lot B.M., County of CARIBOU dc5. 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.

WATER RIGHT CLAIMED IS FOR A STREAM THAT FLOWS THROUGH THE PROPERTY. THERE HAVE BEEN
NO CHANGES TO THE STREAM NOR HAS THE STREAM BEEN DIVERTED FROM IT'S ORIGINAL STREAM
BED. LIVESTOCK DRINK FROM VARIOUS SPOTS ALONG THE STREAM COURSE.

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For STOCKWATER purposes from 1-1 to 12-31 amount .05 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .05 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is N/A acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) CATTLE 100 PAIRS

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	
7S	44E	7													S	~~see~~			

Total number of acres irrigated _____

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

12. Do you own the property listed above as place of use? Yes XX 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 _____ Ident No. _____

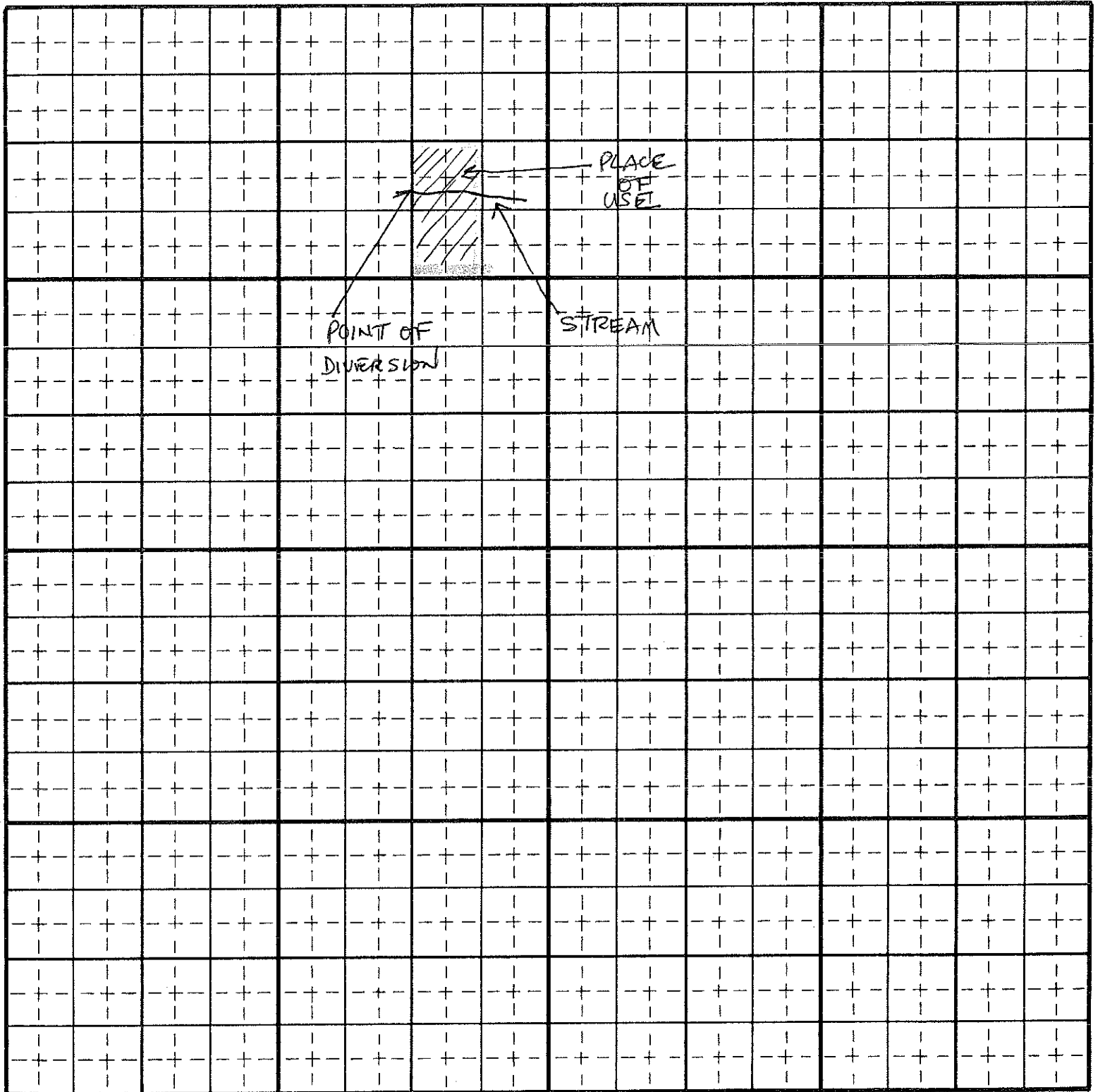
Copies: White -State, Yellow-Claimant

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

Scale: 2 inches equals 1 mile

T 7 S
R 44 E
SECTION 7

~ = STREAM



Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use XX 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) Way B. M. Date Nov 5/2001
B. Morgan Date 5 Nov 2001

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 CARIBOU) SS.

Subscribed and sworn (or affirmed) before me this 5th day of November 2001

SEAL

Notary Public Reg. Saint

Residing at Soda Springs, IDAHO

My Commission Expires 8/1/02

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 _____ Ident. Number _____

Copies White-State, Yellow-Claimant