

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: A75-07433

Date Received: 5/17/90

Receipt No: C016896

Received By: JP

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SALMON MEADOWS INC.
Address: P.O. BOX 27
BOISE, ID

83707

2. Date of Priority: JUN 12, 1986

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
21N	22E	5	NW	NW		4	LEMHI
		6	SE	NE		12	LEMHI

5. Description of diverting works:
2 WELLS, PUMPS, PIPELINE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/15	10/15	0.200		
DOMESTIC	01/01	12/31	0.200		

7. Total Quantity Appropriated is:
0.200 C.F.S. (and/or)

A.F.A.

8. Total consumptive use is 45.0 Acre Feet Per Annum.

9. Non-irrigation uses:

DOMESTIC/ R.V. CAMPGROUND AND TRAILER PARK

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
21N	22E	5	NW	NW	4	IRR	1.0
			SW	NW		IRR	2.0

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	3.0
		6	NE	NE	11	IRR 4.0
			SE	NE	12	IRR 11.0
					Section Acres	15.0
					Total Acres	18.0

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:
SUPPLEMENTAL TO CITY WATER

14. Remarks:
REINSTATED 11-4-1987.

15. Basis of Claim: PERMIT

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: One Map

For Organizations:

I do solemnly swear or affirm that I am Secretary Title
Salmon Meadows, Inc., that I have signed the foregoing
Organization
document in the space below as Secretary of
Title
Salmon Meadows, Inc. and that the statements contained in the
Organization
foregoing document are true and correct.

[Signature]
Signature of Authorized Agent
Secretary, Salmon Meadows, Inc.
Title and Organization

05-17-1990
Date

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 17th day
of May 19 90

[Signature]
Notary Public

Seal

Residing at Meridian

My Commission Expires 11-26-1991



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

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Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____



State of Idaho

DEPARTMENT OF WATER RESOURCES

150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 - (208) 525-7161

EASTERN REGION

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

June 11, 1990

sent withdrawal

Form 7-2 90

✓ SALMON MEADOWS CAMPGROUND
C/O S. Kaye Guth, Manager
Box 705
Salmon, ID 83467

RE: Notice of Claim

Dear Kaye Guth:

The Idaho Department of Water Resources (IDWR) is returning your Notice of Claim to a Water Right because of insufficient information. All items on the forms must be completed before the IDWR can process the notice.

Please correct the items identified below and return the notice to the IDWR by July 11, 1990. Should extenuating circumstances prevent you from resubmitting the notice by this date, the IDWR must be contacted in order to hold action on the notice. Failure to either return the corrected notice or provide justification for additional time will be cause for refunding the filing fee previously paid and removal of the notice from the IDWR records. Notices returned after the refund process has been initiated will be subject to a late fee of \$50.00 plus the \$25.00 filing fee, total \$75.00.

Claims by corporations, municipalities, and other organizations must be signed by an officer of the corporation, an elected official of the municipality, or an individual authorized by the organization to sign the form. The "For Organizations" block in Item #16 must be completed with the signator's title and must be notarized.

If you wish to make an appointment to discuss the corrections, please call the IDWR at (208) 525-7161.

Respectfully submitted,

Ernest Carlsen
Adjudication Supervisor

RECEIVED

JUL 6 1990

REQUEST FOR WITHDRAWAL OF CLAIM

Form 25a

Department of Water Resources
Eastern District Office

Name of Claimant:
(Please Print)

Salmon Meadows Company

Mailing Address:

Box 705 Salmon, ID 83467

Amount:

\$ 25.00 Receipt No.: M 006724

County of Water Right:

Bender County

Claim No(s):

NA

I wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above and for which I previously paid a filing fee to the Idaho Department of Water Resources. I do X /do not request a refund of the filing fee. If a refund is requested I have attached an explanation of the justification for granting a refund.

A. Eric Smith

(Signature of Claimant)

July 3, 1990

(Date)

(Signature of Claimant)

(Date)

(Signature of Claimant)

(Date)

Return to:

Idaho Department of Water Resources
Adjudication Section

For IDWR Use

Approval Region
Approval State Office
Data Entry
Claim File

Initials

Date

SP
NA

8-07-90

TO: Debbie Allen

THRU: D. Shaff *of* 8-07-90

FROM: J. CARLSON

DATE: 08-06-90

RE: Receipt 11006724 Refund \$25.⁰⁰

Please process a refund of \$25.⁰⁰ to:

*Salmon Meadows Campground
c/o Kaye Guth
Box 705
Salmon, ID 83467*

*⊖ w/R
(withdrawn)*

(Lemhi City)



State of Idaho
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

August 7, 1990

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

Salmon Meadows Campground
c/o Kaye Guth
Box 705
Salmon, ID 83467

RE: Snake River Basin Adjudication (SRBA)
Lemhi County Receipt #M006724, \$25.00

Dear Ms. Guth:

Due to the fact Salmon Meadows Campground has withdrawn its claim, the refund process has been initiated with the State Auditor's Office. You should receive your check in the near future.

Sincerely,

Donald V. Shaff
Manager, Adjudication

DVS:sf:ref:Eastern

WHITE - State Auditor
YELLOW - Remittance Advice
PINK - State Auditor then Agency
GOLDENROD - Agency Copy

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO
Office of State Auditor

Document No.	
Pre-Audit	Date
Warrant No.	

AGENCY USE

2437

VENDOR: If you require additional information
regarding this payment, please contact
the State agency listed below.

08/15/90

193002

AGENCY NAME DEPT. OF WATER RESOURCES

CHECK ONE:

() MISCELLANEOUS EXPENDITURE

() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
ENCUMBRANCE REQUISITION

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No.

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Major	Minor			
1	04 10 162	9337	8831		REFUNDS PER D. SHAFF RECEIPT #M006724 8/ 7/90 25.00	25.00	
TOTAL						25.00	

475-07433 - Salmon Meadows Inc.

NOTE Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form; that totals

7-2-90

I call Vic to let
get details of duplicate
Filing.

I am sending withdrawal
to Salmon Meadows Campground.

BB

INTER-DEPARTMENT MEMO — 1

DATE

Vic Conrad / Simplot - Phone 389-7359

Ernie

Duplicate filing

filing; same right

Simplot filed on 75-07433 rec. # C016896

Salmon Meadows filed; rec. # M006724 (no wa shown / receipt)

75-07433 (NAME) Salmon Meadows - C - Simplot - K -

says they both filed, unknowingly

SIGNATURE

5, 89
COPY

State of Idaho
Department of Water Resources

**REQUEST FOR EXTENSION OF TIME
TO FILE ADJUDICATION CLAIM(S)**

**FOR YOUR FILES
DO NOT RETURN**

The Idaho Department of Water Resources will consider this form as a request by the claimant for an additional period of time in which to file claim(s) beyond the 90 days allowed by Section 42-1409(10), Idaho Code.

J.R. SIMPLOT COMPANY (203) 336-2110
Name of Claimant Phone Number

P.O. BOX 27 BOISE IDAHO 83707
Mailing Address City State Zip

LEMHI COUNTY MAY 10, 1990
County(s) where place of use is located Date claim originally due

PLACE OF USE LOCATED WITHIN SECTION 13 T. 17N R. 14E AND SECTION 6 T. 21N R. 22E
Identify water right(s) for which extension is requested

State why an extension of time is requested explaining how a diligent effort has been made to meet the deadline

SEE EXHIBIT A INCORPORATED HEREIN

Claimant requests an extension to (21 DAYS) MAY 31, 19 90

Ronald N. Graves MAY 9, 19 90
Signature Date of request

RONALD N. GRAVES, SECRETARY
SECRETARY

Title

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

The above request for extension of time is hereby [☒ granted] [☐ denied] for the following reasons

and if granted the filing deadline is extended to May 17, 19 90

Signed this 10 day of May, 19 90

David B. Shaw
Director or his designated agent

DAVID B. SHAW

Mail to Idaho Department of Water Resources
1301 N. Orchard St.
Boise, ID 83706