



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

JAMES E. RISCH
Governor

KARL J. DREHER
Director

November 27, 2006

JUDITH MADSEN
248 PAHSIMEROI RD
ELLIS ID 83235

RE: Snake River Basin Adjudication (SRBA)
Incomplete Notice of Claim to a Water Right #73-12102

Dear Claimant:

I am returning the Notice of Claim referenced above. I have also enclosed receipt #C082682 for the filing fees you paid. Please retain the receipt for your records. Before we can continue, we need your assistance.

I have enclosed a map of your property. Please mark the point of diversion and the places of use and return the map to my attention as soon as possible.

Please call me toll-free at 800/451-4129 if you have any questions or concerns.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Sally Sherman', is written over a horizontal line.

Sally Sherman
Technical Records Specialist
Adjudication Bureau

SS:state

Enclosures:

Incomplete Notice of Claim to a Water Right
Receipt #C082682

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

Identification No.

73-12102

Date Received

11-21-06

Receipt Number

C082682

NOTICE 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.

RECEIVED

NOV 21 2006

DEPARTMENT OF
WATER RESOURCES

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Judith Madsen Phone (208) 876-4218Mailing Address 248 Pahsimeroi Rd Ellis, ID Zip 832352. Date of Priority (Only one per claim) 7/27/1900 Month/Day/Year3. Source of water supply (Check one) () Groundwater or Other (X) (a) Big Spring Creekwhich is tributary to (b) Pahsimeroi River Name or kind of source4. Location of point of diversion is: Township T5N8E Range R21ESection S26 1/4 of SWSE 1/4 of _____ 1/4 Govt. Lot _____, BM.County of Lemhi

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. Headgate and ditch

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

For Stockwater purposes from 1/1 Month/Day to 12/31 Month/Day amount .04 cfs (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 (cfs)8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) Stockwater - 200 cows, horses

10. Place of use is: Township: 15N Range 21E
Section 5, 6, SE NW 1/4 of SW 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? 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.
(X) None or None

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 _____

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 _____ 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) Judith Madsen Date 11/17/06
_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____ Title _____
Organization _____, that I have signed the foregoing
document in the space below as _____ of _____
Title _____ Organization _____
and that the statements contained in the foregoing document are true and correct.

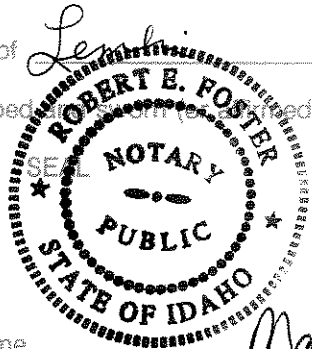
Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of Lemhi) SS. _____

Subscribed and sworn to before me this 17th day of Nov. 2006



Notary Public Robert E. Foster

Residing at Salmon Id

My Commission Expires 2-12-07

Last Name Madsen Ident No. 73-12/02

Copies: White-State, Yellow-Claimant