

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 75-14382
Date Received: 8/18/2000
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

LESLIE J ANDERSON Phone:

PO BOX 852
KETCHUM ID USA 83340

ROBERT ANDERSON Phone: (208)788-3550

PO BOX 852
KETCHUM ID USA 83340

2. Date of Priority: 05/13/1898

3. Source: WALLACE CREEK Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
22N	22E	6	NE NW SW	LEMHI	

5. Description of diverting works:

Source is Wallace Creek tributary to the Salmon River. Software would not allow Data Entry.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/01	11/01	0.04	14

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 14 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres	
22N	22E	6	NE	SW	11	IRRIGATION	1
			SE	SW	13	IRRIGATION	3
					Section Acres	4	
					Total Acres	4	

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:

14. Remarks:

THIS RIGHT IS THE RESULT OF SPLITTING A75-00083F. CHANGE OF OWNERSHIP DONE IN 1997 SHOULD HAVE SPLIT THE RIGHT. THIS SPLIT IS TO CORRECT THAT ERROR (CSAXTON 8/18/00)

This right is a split from former right 75-13949 .

15. Basis of Claim: Decreed

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/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)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this

of _____ 20__ _____

Notary Public

Residing at _____

My commission Expires _____