

Dept. of Water Resources
Adjudication Bureau
P. O. Box 83720
Boise, ID 83720-0098

ADDRESS SERVICE
REQUESTED

FIRST CLASS



UNITED STATES POSTAGE
\$00.63
02 1A
0004340839
JAN 11 20
MAILED FROM ZIP CODE 837

RECEIVED
FEB 13 2006
DEPARTMENT OF
WATER RESOURCES

RECEIVED
FEB 16 2006
IDWR/North

Reason checked
Attempted not known
No such number
Insult, address
Moved left no address
Fwd. order expired
Refused

TED D RUPP
609 CALLE DE VALDEZ
SANTA FE NM 87501

RUPP609 875052021 1N 08 01/21/06
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

77-4074



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 1910 Northwest Blvd. Suite 210, Coeur d'Alene, Idaho 83814-2615

Phone: (208) 769-1450

Fax: (208) 769-1454

Web Site: www.idwr.idaho.gov

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

March 15, 2006

Sally Jones
2065 Faye Lane
Pocatello, ID 83201

RE: 77-4074

Dear Ms. Jones:

We have processed your change of water right ownership form. The mailing to Ted Rupp in Santa Fe was returned. Do you have a current address for him?

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Knoblock', is written over a horizontal line.

Kenneth Knoblock
Water Resources Agent

03/14/2006

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 77-4074
NAME AND ADDRESS: DWIGHT G RICKEL
1205 6TH ST
LOS ALAMOS NM 87544

ROBERT SAMPSON
2065 FAYE LANE
POCATELLO ID 83201

WILMA SAMPSON
2065 FAYE LANE
POCATELLO ID 83201

SUSASN MAUGHAN
2065 FAYE LANE
POCATELLO ID 83201

TED D RUPP
609 CALLE DE VALDEZ
SANTA FE NM 87501

SALLY JONES
2065 FAYE LANE
POCATELLO ID 83201

SOURCE: BLACKEAGLE CREEK TRIBUTARY: HOODOO CREEK

QUANTITY: 0.500 CFS

The quantity of water under this right for domestic use shall not exceed 13,000 gallons per day.

PRIORITY DATE: 05/01/1907

The appropriator shall exercise this right in a manner that recognizes the historic practice that the use of water for power generation is incidental to the rights of others to the use of water for other purposes. The appropriator shall not make a delivery call for hydropower generation except as against junior hydropower rights.

POINT OF DIVERSION:

T19N R16E S2 NESE Within LEMHI County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	4/15 12/15	0.040 CFS
POWER	4/15 12/15	0.410 CFS
MINING	4/15 12/15	0.050 CFS

PLACE OF USE: MINING Within LEMHI County

T19N R16E S02 NESE

POWER Within LEMHI County

T19N R16E S02 NESE

DOMESTIC Within LEMHI County

T19N R16E S02 NESE

03/14/2006

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

The quantity of water decreed for this water right for domestic use is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

RECEIVED

01/05/2006

FEB 28 2006

DEPARTMENT OF
WATER RESOURCES

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 3, 2006

Water right number: 77-4074

DWIGHT G RICKEL
1205 6TH ST
LOS ALAMOS NM 87544
Telephone Number: (505)662-6139

CLYDE J SAMPSON
325 FRANKLIN AVE
POCATELLO ID 83201
Telephone Number: (208)232-8427

TED D RUPP
609 CALLE DE VALDEZ
SANTA FE NM 87501
Telephone Number: (505)982-1106

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
2. Describe the changes you wish to make in the proposed recommendation:
3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 2-23-06 SIGNATURE: Sally S. Jones
Please print your name: Sally S. JONES (REPRESENTATIVE)

IDWR State Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, (208) 287-4800

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
 Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
77-4074	186145	—	_____	_____	—
77-4074	186146	—	_____	_____	—
77-4074	186147	—	_____	_____	—
_____	_____	—	_____	_____	—
_____	_____	—	_____	_____	—

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

Clyde J. Sampson (deceased)
325 Franklin - Pocatello, Id 83201

4. New Owner/Claimant(s)

Wilma Sampson, Sally Jones, Susan Maughan,
 Name Connector (Check one): ☐ and, ☒ or, ☒ and/or Robert Sampson

New Mailing Address

2065 Faye Lane

City, State and ZIP Code

Pocatello, Id 83201

New Telephone Number

208 - 251 - 2192

5. Date you acquired the property

January 30, 2002

SCANNED

CCD 7 2 2006

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s) Sally S. Jones
(include title if applicable) OWNER - REPRESENTATIVE

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only

Received by _____	Date _____	Fee _____
Received by _____	Date _____	Receipt No. _____
Processed by _____ AJ	Date _____	WR _____ Date _____

SCANNED

FEB 28 2006

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

20105537

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

COMMUNITY PROPERTY AGREEMENT ON FILE 10s20-071a BOOK #244 INST.# 485934

CERTIFICATE OF DEATH

State File No
Local Reg. No. 6-128

DECEDENT	DECEDENT - NAME Clyde Jay Sampson		SEX Male	DATE OF DEATH (Month Day Year) March 6, 2001
	SOCIAL SECURITY NUMBER [REDACTED]	AGE - Last Birthday (Years) 80	DATE OF BIRTH (Month Day Year) Oct. 27, 1920	BIRTHPLACE (City and State or Foreign Country) Delta, Utah
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) ☐ HOSPITAL ☐ (1) Inpatient (4) Long-Term Care Facility (6) Other Private Residence ☐ (2) ER/Outpatient (3) DOA (5) ☒ Own Residence (7) Other Specify: _____	
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 325 Franklin Ave.		CITY/TOWN OR LOCATION OF DEATH Pocatello	
NAME OF INFLUENT For use by physician to establish	MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Married		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life; the last used preferred.) Plumber/Pipe Fitter	
	SURVIVING SPOUSE (If wife, give maiden name) Wilma Ward		KIND OF BUSINESS/INDUSTRY Industrial Contractor	
RESIDENCE STATE	COUNTY Bannock	CITY/TOWN OR LOCATION Pocatello	STREET AND NUMBER 325 Franklin Ave.	ZIP CODE 83201
	INSIDE CITY LIMITS? ☒ Yes ☐ No		DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	
PARENTS	FATHER - NAME Clyde Anthony Sampson		BIRTHPLACE Utah	
	MOTHER - FULL MAIDEN NAME Crystal Haskett		BIRTHPLACE Indiana	
INFORMANT	INFORMANT'S NAME (Type/print) Wilma Sampson			
DISPOSITION	METHODOF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Restlawn Memorial Gardens	
	LOCATION - City or Town, State Pocatello, Idaho		SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Type/print) [Signature]	
CAUSE OF DEATH	TIME OF DEATH 7:00 A.M.		DATE PRONOUNCED DEAD (Month Day Year) March 6, 2001	
	MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident		WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No	
CAUSE OF DEATH	27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Ischemic Cardiomyopathy		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH > 1 yr	
	27 PART II Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
CERTIFIER	CERTIFIER (Check only one) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No	
	☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated			
TO BE USED FOR EXTERNAL CAUSES ONLY	SIGNATURE AND TITLE OF CERTIFIER (Type/print) Dr. Thomas Davis		LICENSE NUMBER 0-173	
	DATE OF INJURY (Mo Day Yr) Mar. 8, 2001		DATE SIGNED (Month Day Year) 3/8/01	
CORONER'S REVIEW AREA	HOUR OF INJURY 7:00		DESCRIBE HOW INJURY OCCURRED At home, farm, street, factory, office building, etc. Specify	
	INJURY AT WORK? ☐ Yes ☒ No		LOCATION - Street or Route Number, City/Town, or County and State 333N. 18th Ave. Bldg. B Pocatello, Idaho	
REGISTRAR	CORONER'S SIGNATURE [Signature]		DATE SIGNED (Month Day Year) Mar. 8, 2001	
	I have reviewed and/or amended, and certified. [Signature]		DATE FILED (Month Day Year) Mar. 8, 2001	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: Mar. 8, 2001

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH

STATE REGISTRAR

FEB 8 2006

2-2

20105537

NO 20105537
RECORDED AT REQUEST OF
Wilma Sampson
2001 MAR 23 PM 3 19

FILED OK NO 278
BANK IDAHO
BANK RECORDS
REC 6.00 DEPUTY *Jb*

STATE OF IDAHO County of Bannock

This copy of a death certificate was issued by
the District Health Department prior to filing
with the Idaho Bureau of Vital Records.

[Signature]
Local Vital Statistics Registration Official

000999306

SCANNED

FEB 28 2006

01/05/2006

RECEIVED

FEB 22 2006

DEPARTMENT OF
WATER RESOURCES

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 3, 2006

Water right number: 77-4074

DWIGHT G RICKEL
1205 6TH ST
LOS ALAMOS NM 87544
Telephone Number: (505)662-6139

CLYDE J SAMPSON
325 FRANKLIN AVE
POCATELLO ID 83201
Telephone Number: (208)232-8427

TED D RUPP
609 CALLE DE VALDEZ
SANTA FE NM 87501
Telephone Number: (505)982-1106

RECEIVED
MAR 02 2006
IDWR/North

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: Feb 11, 2006 SIGNATURE: Dwight Rickel
Please print your name: Dwight Rickel

IDWR State Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, (208) 287-4800

SCANNED

FEB 12 2006

04/12/2005

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 77-4074
NAME AND ADDRESS: DWIGHT G RICKEL
1205 6TH ST
LOS ALAMOS NM 87544

CLYDE J SAMPSON
325 FRANKLIN AVE
POCATELLO ID 83201

TED D RUPP
609 CALLE DE VALDEZ
SANTA FE NM 87501

SOURCE: BLACKEAGLE CREEK TRIBUTARY: HOODOO CREEK
QUANTITY: 0.500 CFS
13,000 The quantity of water under this right for domestic use shall not exceed
 gallons per day.
PRIORITY DATE: 05/01/1907
POINT OF DIVERSION:

T19N R16E S2 NESE Within LEMHI County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	4/15 12/15	0.040 CFS
POWER	4/15 12/15	0.410 CFS
MINING	4/15 12/15	0.050 CFS

PLACE OF USE: DOMESTIC Within LEMHI County

T19N R16E S02 NESE

POWER Within LEMHI County

T19N R16E S02 NESE

MINING Within LEMHI County

T19N R16E S02 NESE

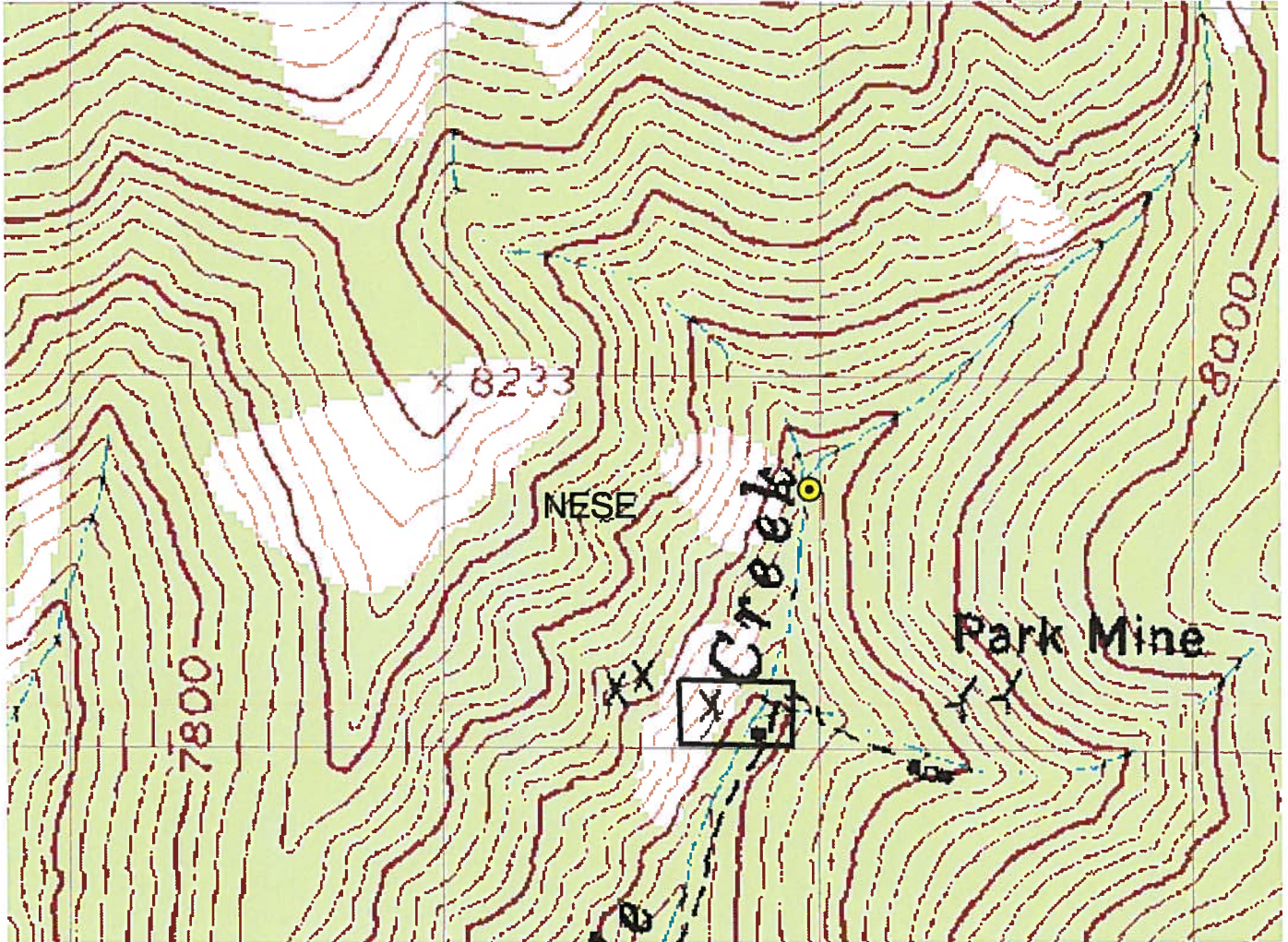
OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

The quantity of water decreed for this water right is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: Beneficial Use

77-4074



0 300 600 Feet

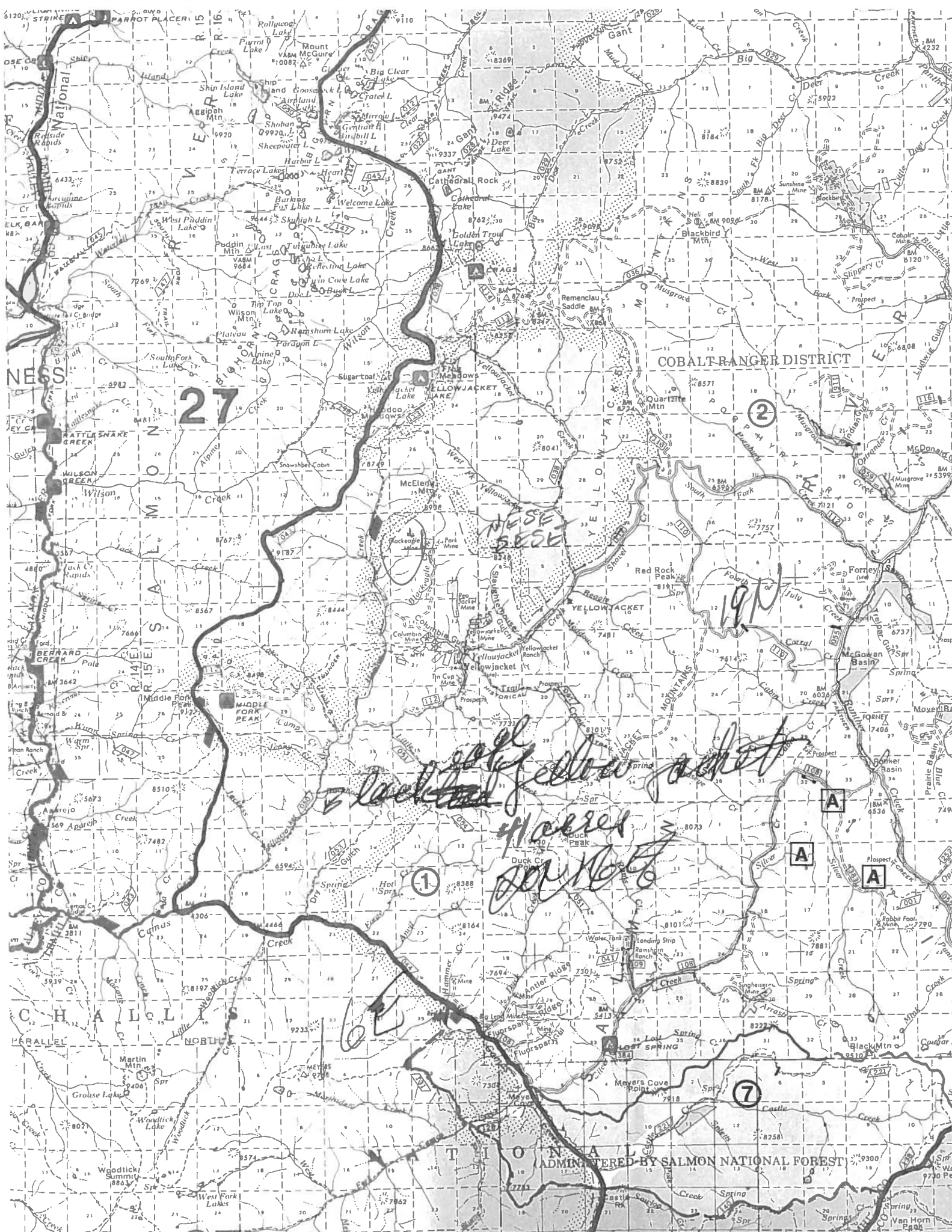
Section 2
T19N R16E



● Point of Diversion

□ Place of Use

Map prepared on April 12, 2005
By Kenneth Knoblock
Idaho Department of Water Resources



27

COBALT RANGER DISTRICT

Yellow Jacket
Hares for No 6

1

2

7

NATIONAL FOREST
ADMINISTERED BY SALMON NATIONAL FOREST

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: **A77-04074**
Date Received: 5/ 1/1990
Receipt No: E014215
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: TED D RUPP 505-982-1106
Address: 609 CALLE DE VALDEZ
SANTA FE NM 87501
AND
Name: DWIGHT G RICKEL 505-662-6139
Address: 1205 6TH STREET
LOS ALAMOS NM 87544
AND
Name: CLYDE J SAMPSON 208-232-8427
Address: 325 FRANKLIN AVE
POCATELLO ID 83201

2. Date of Priority: MAY 1, 1907

3. Source: BLACK EAGLE CREEK Trib. to: HOODOO CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
20N	16E	35	SE	NW	SE		LEMHI

5. Description of diverting works:
DAM & PIPELINE TO PLACE OF USE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	04/15	12/15	0.040		
MINING	04/15	12/15	0.050		
POWER	04/15	12/15	0.410		

MICROFILMED
AUG 0 8 1994

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

8. Total consumptive use is 0.5 Acre Feet Per Annum.

9. Non-irrigation uses:

DOMESTIC, 1 HOME; MINING, 8 TONS/DAY; HYDROPOWER, 100 HEAD 2 KW

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
20N	16E	35	SW	SE		MINING	
			SW	SE		DOMEST	
			SW	SE		POWER	

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:

NONE

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

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: _____

MICROFILMED

AUG 08 1994

State of Idaho)
County of _____) SS.

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

Notary Public

Seal

Residing at _____

My Commission Expires _____

MICROFILMED

AUG 08 1994

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 A77-04074Date Received 5-1-90Receipt Number EO 14215OK# 278 157.9

RECEIVED
MAY 10 1990

Department of Water Resources
Western Regional Office

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
MAY - 1 1990

Department of Water Resources
Eastern District Office

Please type or print clearly Ted D. Rupp and Dwight G. Rickel and

1. Name of Claimant (s) Clyde J. SampsonPhone (505) 982-1106Mailing Address 609 Calle De Valdez, Santa Fe, NMZip 875012. Date of Priority (Only one (1) per claim) 1907 (beneficial use) may 13. Source of water supply (a) Black Eagle Creekwhich is tributary to (b) Hoodoo Creek4. a. Location of existing point of diversion is: Township 20N Range 16E Section 35,SE 1/4 of N&W 1/4 of SE 1/4, Govt. Lot, _____ B.M., County of LemhiAdditional points of diversion if any: NONE

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

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. 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. Small Diversion dam feeding water into 600ft
of 6 inch diameter pipe. Pipe has approximately 100 ft of head.

MICROFILMED

AUG 08 1994

6. Water is claimed for the following purposes:

(both dates are inclusive) (cfs) (acre feet)

For Domestic purposes from 4-15 to 12-15 amount 0.04 or _____
 For Mining & Milling purposes from 4-15 to 12-15 amount 0.05 or _____
 For Power generation purposes from 4-15 to 12-15 amount 0.41 or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.50 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 0.5 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Domestic-1 household Hydropower, 100' head, 2KW generator
Milling & Mining, non-ferous 8tons/day

10. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	
20N	16E	35															DXP		

Total number of acres irrigated -0-

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. _____ or None (X)

14. Remarks:

MICROFILMED

AUG 08 1994

Last Name Rupp, Rickel, Sampson Ident No. _____

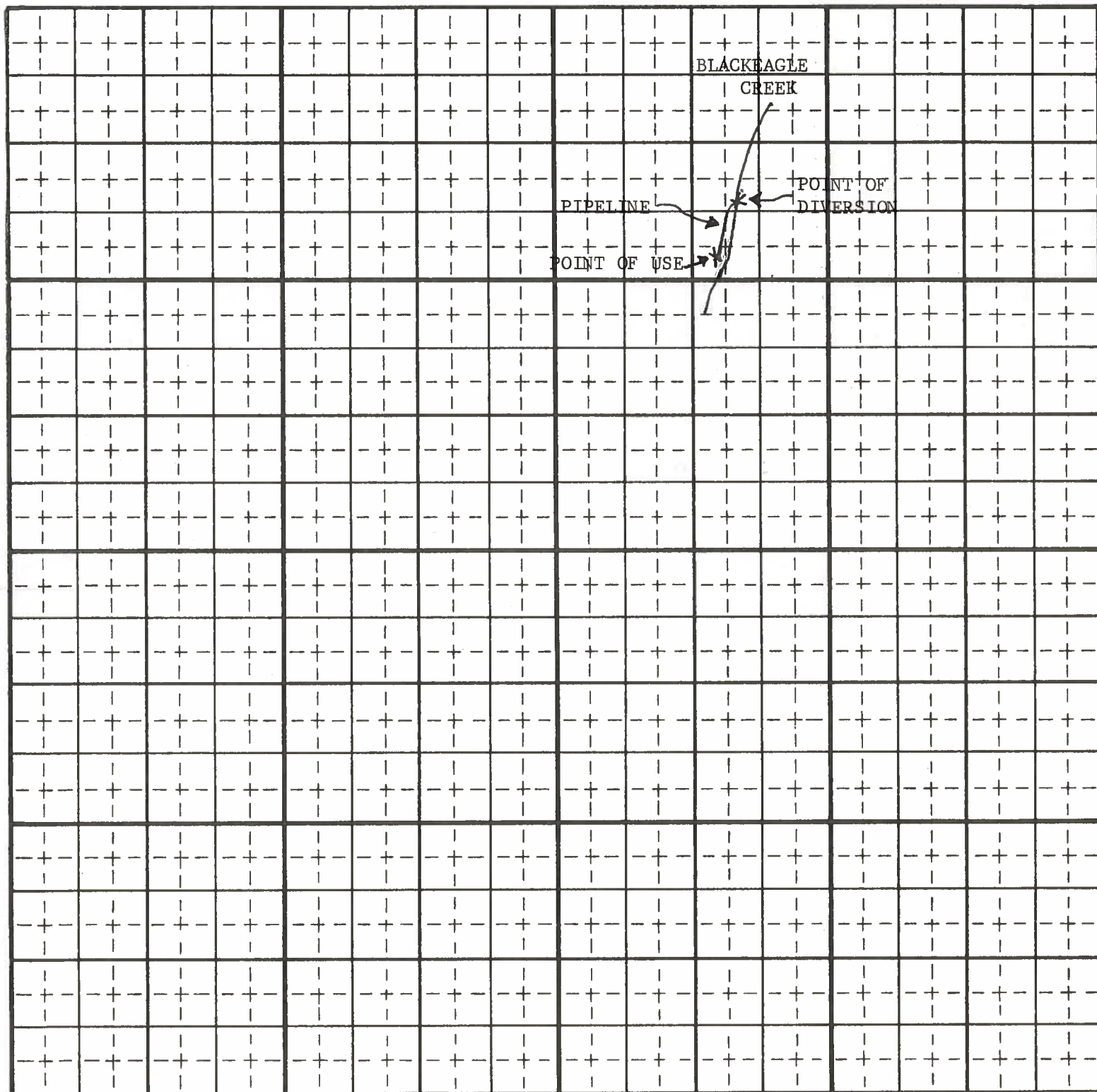
Copies: White -State, Yellow-Claimant

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

Scale: 2 inches equals 1 mile

T20N R16E

SECTION 35



MICROFILMED

AUG 08 1994

Last Name Rupp, Rickel, Sampson Ident No. _____

Copies: White-State, Yellow-Claimant

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

Signature of Claimant(s)

Clyde J. Sampson

Date

April 30 - 90

State of Idaho/or

County of

Bannock

)
) SS.
)

Subscribed and sworn (or affirmed) before me this

30th

day of

April

1990

SEAL

Notary Public

William M. Jensen

Residing at

My Commission Expires

NOTARY PUBLIC

Residing at Pocatello, Idaho

My Commission expires

May 23, 1994

Last Names Rupp, Rickel, Sampson

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15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number 77-4074
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 X
wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments 3

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true
and correct.

Signature of Claimant (s)

Dwight G. Rickel
Ted D. Rupp

Date April 23 1990

Date April 23 1990

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 _____ of _____
Title 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 New Mexico)
County of Los Alamos) SS.

Dwight G. Rickel and Ted D. Rupp,
Subscribed and sworn (or affirmed) before me this 23rd day of April 19 90

SEAL

Notary Public

Paula J. Salazar

Residing at Los Alamos Credit Union, Los Alamos, NM

My Commission Expires 06/16/93

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 _____

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Last Name Rupp, Rickel, Sampson Ident. Number _____

Copies White-State, Yellow-Claimant

Names of Claimant(s)

Ted D. Rupp
609 Calle De Valdez
Santa Fe, NM 87501
505-982-1106

Dwight G. Rickel
1205 6th Street
Los Alamos, NM 87544
505-662-6139

Clyde J. Sampson
325 Franklin Ave.
Pocatello, Id 83201
208-232-8427

RECEIVED

MAY - 1 1990

Department of Water Resources
Eastern District Office

Rupp, Rickel, Sampson

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POOR ORIGINAL

UNSURVEYED TOWNSHIP 20 NORTH RANGE 19 EAST OF THE Boise Meridian, IDAHO

LENN COUNTY

Protraction Diagram No. 74 approved 1/27/1945

STATUS OF PUBLIC DOMAIN
LAND AND MINERAL TITLES

MT PLAT

INDEX TO DISSEMINATED TRACTS			
TRACT NO.	Y	Q	SEC
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
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22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			

All in the Township of 20 North Range 19 East of the Boise Meridian at 60.441
6/26/1908

1 0714 Det. PL MT (Act of Cong 7/23/1955)
completed 2/13/1963 All of surface right by
USFS

1 08735 Det. PL MT (Act of Cong 7/23/1955)
completed 12/6/1963 All of surface right by
USFS

FOR ORDERS EFFECTING REPAIRS OR USE OF
UNIDENTIFIED LANDS REFER TO BUREAU OF
LAND MANAGEMENT DOCUMENTS

CURRENT TO
MAY 1 1944

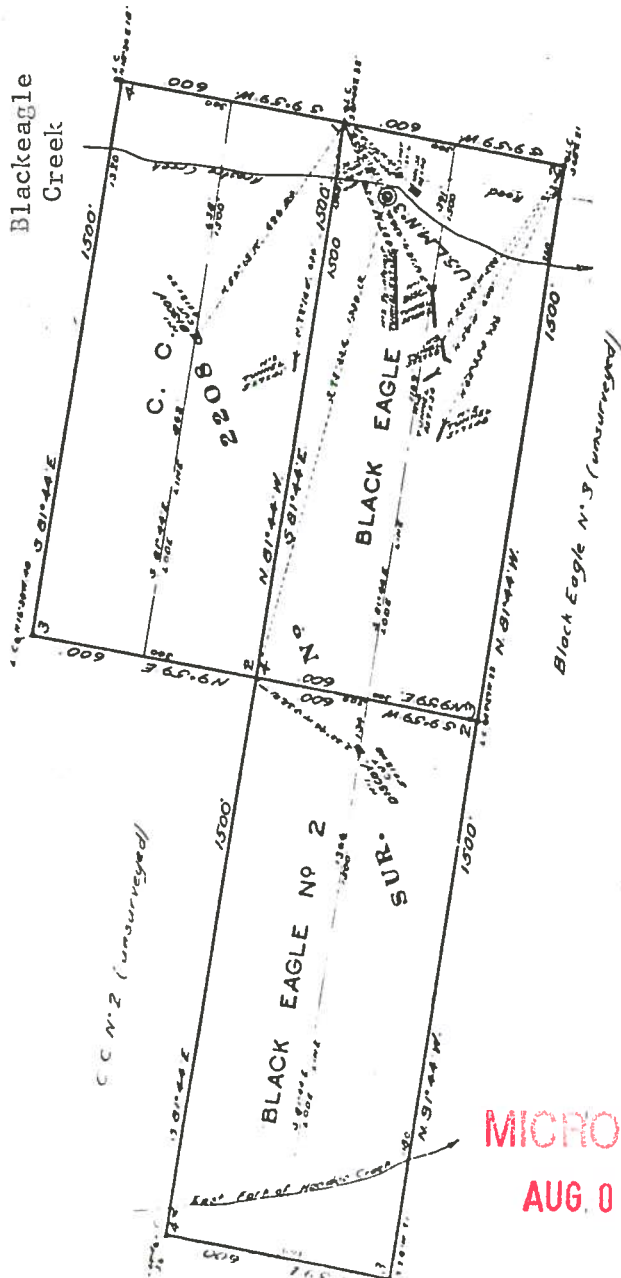
USE PLATS



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20 N 16 E
T20N R16E
T20N R16E



Total area Black Eagle lode 20 652 AC
Black Eagle N. 2 20 652
C. C. 20 652
Total area claimed Sur N. 2209 61 956

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AUG 08 1994

Last Names Rupp, Rickel, Sampson

POOR ORIGINAL

Unsurveyed, recorded, August 2, 1906

Mineral Survey No 2208

Monkey
Land District

PLAT

OF THE CLAIM OF
The Black Eagle Gold Mining Company

KNOWN AS THE

BLACK EAGLE GROUP LODE CLAIM

IN Yellow Jacket Mining District,
County of 106th, Idaho
Containing an area of 61 956
Acres of 300 feet to the inch
Verified July 31 - August 2, 1907 by
Allen C. Merrill

U.S. Mineral Survey,
The original field notes of the Survey of the Mining Claim of
The Black Eagle Gold Mining Company
known as the Black Eagle Group comprising the
Black Eagle, Black Eagle N. 2 and C. C. lodes

from which this plat has been made under my direction,
have been examined and approved, and are on file in this office,
and I hereby certify that they furnish such an accurate descrip-
tion of said Mining Claim as will, if incorporated into a patent,
sufficiently to identify the premises, and that such reference
as made therein to natural objects or permanent monuments
as will perpetuate and fix the locus thereof
I further certify that five hundred dollars worth of labor has
been expended or improvements made upon said Mining
Claim in claimant or to gratiers, and that
said improvements consist of 2 cuts and 6 tunnels

Value \$6350.00

that the location of said improvements is correctly shown
upon this plat, and that no portion of said labor or im-
provements has been included in the estimate of expendi-
tures upon any other claim.

And I further certify that this is a correct plat of said Mining
Claim made in conformity with said original field notes of the
survey thereof, and the same is hereby approved.

Witness my hand and the seal of the U.S. Mineral Survey
at Boise, Idaho, this 22nd day of January, 1909

Allen C. Merrill
January 22, 1909

Filed 27651, Oct 23 1909, Nov 4, 1912

Water Right Number - 77-04074 Prefix Translation: WATER RIGHT Old (D) Number -

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

*** C - CURRENT OWNER ***

RUPP TED D. 1 - 609 CALLE DE VALDEZ
2 -
3 - State- NM Zip- 87501
City- SANTA FE
Phone -
1 -
2 -
3 -

RICKEL DWIGHT G. City-
Phone - State- Zip-
1 -
2 -
3 -

SAMPSON CLYDE J. City-
Phone - State- Zip-
1 -
2 -
3 -

+ - - - - Priority Date - - + + - - - - Region - - - + + - - - - Stage - - - + + - - - - Status - - - +
05/01/1907 14 WESTERN S - STATUTORY CLAIM

+ - - - - Source - - - - + + - - - - Tributary - - - - - +
BLACK EAGLE CREEK HOODOO CREEK

+ - - - - Point of Diversion - - - - - +

Tw	Rng	Sec	Tract	Lot	Rflg	County	Diversion Name	Diversion Rate	Diversion No.
20N	16E	35	NW SE		(59)	LEMHI			

+ - - - - Water Use - - - - - +

Code	Description	Period From	Period To	Diversion Rate	Diversion Volume
43 - DOMESTIC		04/15	12/15	0.040	
13 - MINING		04/15	12/15	0.050	
28 - POWER		04/15	12/15	0.410	

+ - - - - Total Div. Rate - - + + - - - - Total Div. Volume - - + + - - - - Total Div. Capacity - - +
0.500

+ - - - - Place of Use - - - - - +

Tw	Rng	Sec	Tract	Lot	Acres	Code	Description	County
20N	16E	35	SW SE			13	MINING	(59) LEMHI

+ - - - - Diversion Means - DAM & PIPELINE TO PLACE OF USE

+ - - - - Non-Irrigation Use -

+ - - - - Other Rights for Same Use -

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```
+ - - Audit Fields - 05/16/86 05/01/88 CONVERT
```

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ADJUDICATION CLAIM REVIEW CHECKLIST

12-1-92

CLAIMANT'S NAME

Rupp, Ted & Rickel, Dwight & Sampson, Clyde

CLAIM IDENT. NO.

A77-04074

DATE RECEIVED

5-1-90

RECEIPT #

E014215

FEE PAID \$

157⁰⁰

FEE REQ'D \$

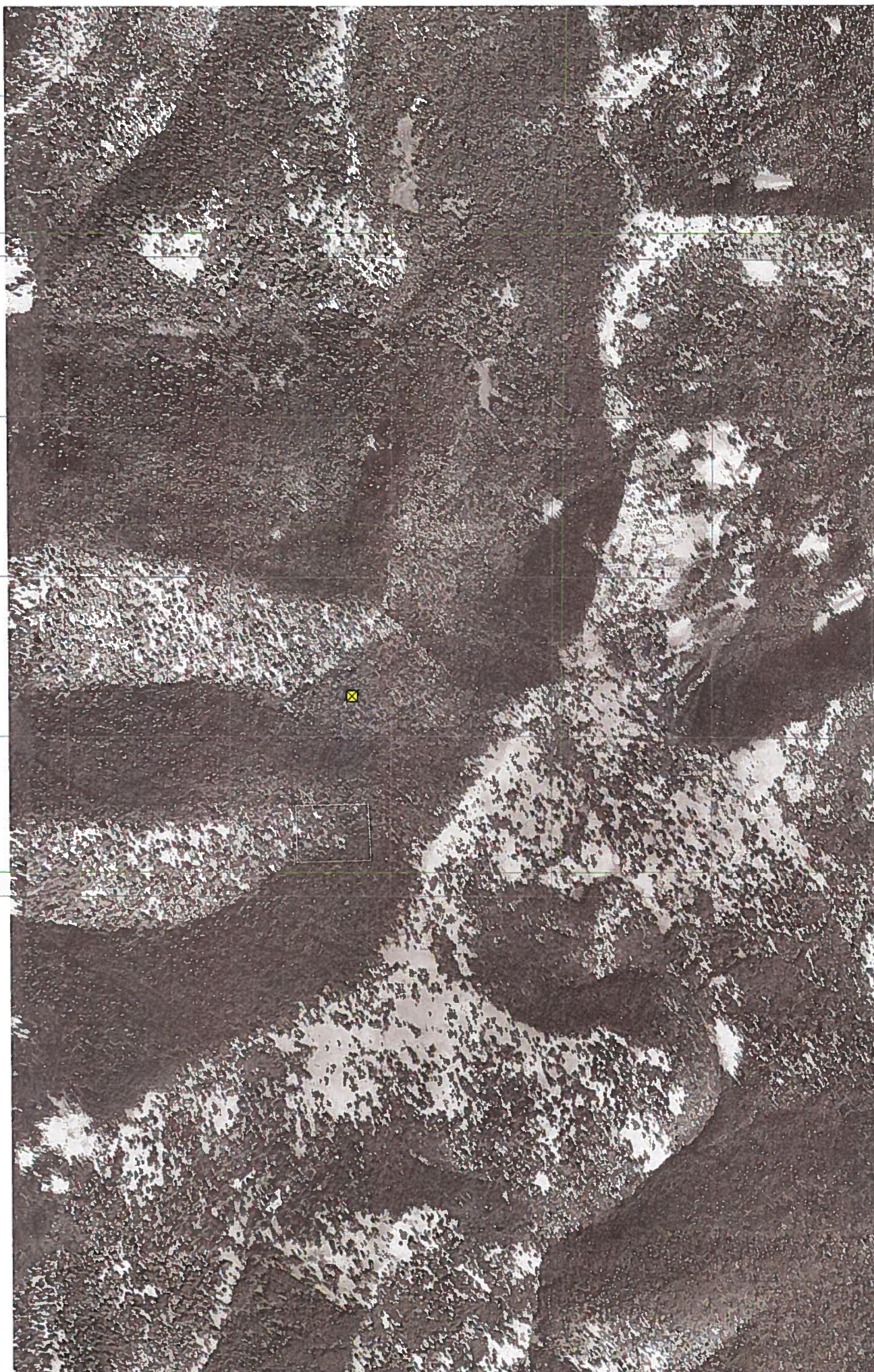
62⁰⁰

	YES	NO	Requir Info?
1. Is the name and address complete with zip code?	<u>X</u>	___	*
2. Is a priority date entered?	<u>X</u>	___	*
Is the priority date acceptable in view of mandatory filing dates?	<u>X</u>	___	*
See Adjudication Memos #1 and #4 to determine if a Permit is required.			
3. (a) Is a source entered?	<u>X</u>	___	*
(b) Is a tributary to entered? (if required) N/A	<u>X</u>	___	
4. Is the legal description of the p.d. sufficient?	<u>X</u>	___	*
5. Is there a description of the diverting works?	<u>X</u>	___	
6. Are the water uses appropriate for the form?	<u>X</u>	___	*
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.			
Is the period of use included?	<u>X</u>	___	
Is a quantity claimed for each use?	<u>X</u>	___	*
7. Is a total quantity claimed entered?	<u>X</u>	___	
8. If required is a consumptive use entered? N/A	<u>X</u>	___	
Is the consumptive use correct? N/A	<u>X</u>	___	
9. Are the non-irrigation uses listed showing # of homes, hd. of stock?	<u>X</u>	___	*
If multiple domestic, is single ownership indicated?	<u>X</u>	___	
10. Is (are) the place(s) of use and purpose(s) indicated?	<u>X</u>	___	*
11. Is (are) the county(ies) entered?	<u>X</u>	___	
12. Is the ownership of p.u. checked?	<u>X</u>	___	
13. Are other water rights listed or "none" indicated?	<u>X</u>	___	
14. 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	<u>X</u>	___	
15. Is the basis of the claim indicated?	<u>X</u>	___	
16. If the basis of claim is shown as license, permit, or decree is the existing water right no. listed? N/A	<u>X</u>	___	
If yes, compare claim w/existing right and attach proof report noting any differences in comments.			
If no, was water right no. found?	___	___	*
17. 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	<u>X</u>	___	
(If yes, attach a proof report & complete number change)			
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.			
18. If the claimant requested a monthly docket sheet, was the fee paid? N/A	<u>X</u>	___	
19. Is the claim signed by the claimant, and is the signature appropriate?	<u>X</u>	___	*
20. Has the claim been signed, sealed, and dated by a notary?	<u>X</u>	___	*
21. Was this claim filed on time?	<u>X</u>	___	*
(Check ML3 for date mailed-not all were mailed on the planned date)			
If no, was an extension of time filed & approved?	___	___	*
22. Is the fee enclosed correct? Exempt	___	<u>X</u>	*

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nk



SUBMITTED TO AUDITOR

ON 3-30-94

TO: S. Frazee to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Region
 SUBJ: Receipt No. E014215 (Please attach ARQ2 Receipt copy immediately behind blue form)

Date: 3-17-94

RECEIVED

RE: PayOR Rupp, Ted D.
 Address 609 Calle De Valdez
Santa Fe, NM 87501

MAR 18 1994

Department of Water Resources

Claimant(s) if NOT Payor Ted Rupp, Dwight Rickel, Clyde Sampx

Refund Amount \$ 95.00 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 (X) Agent () Claimant

Refund Category:
 insufficient fees / claim incomplete / withdrawn (o-pmt)

Date of Last Correspondence (copy attached) N/A

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>A77-04074</u>	<u>Domestic</u>	<u>\$157.00</u>	<u>\$62.00</u>	<u>E014215</u>
"	<u>Mining</u>	\$		
"	<u>Power</u>	\$		
		\$		
		\$		
		\$		
Total		<u>\$157.00</u>	<u>\$62.00</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
\$95.00 over payment based on fee calculations. No other
claims found in data base.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval _____
 Don Shaff Approval [Signature] Hold _____ To Fiscal 03-21-94
3-21-94 Logged 0318-94
 Data Base Modified? Y/N NA A &/or R Records By [Signature] on 3-17-94

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AUG 08 1994



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

March 23, 1994

Ted D. Rupp
609 Calle De Valdez
Santa Fe, NM 87501

RE: Snake River Basin Adjudication (SRBA)
Lemhi County - #A77-04074
Receipt #E014215 - \$95.00

Dear Claimant:

An overpayment of your filing fees has been brought to our attention on your above claim in the amount of \$95.00. The refund process has been initiated with the State Auditor's Office, and you should receive your check in the near future.

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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AUG 08 1994