

12/18/2006

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

RIGHT NUMBER: 75-14066

NAME AND ADDRESS: SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

PRIORITY DATE: 04/09/2002

POINT OF DIVERSION:

T21N R22E S32 NWNW Within LEMHI County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.040 CFS

PLACE OF USE:

DOMESTIC in LEMHI County

T21N R22E S32

NWNW

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.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

12/12/2006

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

RIGHT NUMBER: 75-14066

NAME AND ADDRESS: DALE R ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

PRIORITY DATE: 04/09/2002

POINT OF DIVERSION:

T21N R22E S32 NWNW Within LEMHI County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.040 CFS

PLACE OF USE: DOMESTIC in LEMHI County

T21N R22E S32 NWNW

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.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Void

11/20/2006

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

RIGHT NUMBER: 75-14066

NAME AND ADDRESS: DALE R ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

PRIORITY DATE: 04/09/2002

POINT OF DIVERSION: T21N R22E S9 NESWSW Within LEMHI County

PURPOSE AND
PERIOD OF USE:

	<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
	DOMESTIC	01/01 12/31	0.040 CFS
PLACE OF USE:	<u>DOMESTIC in LEMHI County</u>		
	T21N R22E S09 SWSW	Wrong	

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

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EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

SCANNED

DEC 15 2006

11/20/2006

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

RIGHT NUMBER: 75-14066

NAME AND ADDRESS: DALE R ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

PRIORITY DATE: 04/09/2002

POINT OF DIVERSION: T21N R22E S9 NESWSW Within LEMHI County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.040 CFS

PLACE OF USE: DOMESTIC in LEMHI County

T21N R22E S09

SWSW

Wrong

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.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Void

03/24/2005

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

RIGHT NUMBER: 75-14066

NAME AND ADDRESS: DALE R ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

PRIORITY DATE: 04/09/2002

POINT OF DIVERSION:

T21N R22E S9 NESWSW Within LEMHI County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.040 CFS

PLACE OF USE:

DOMESTIC Within LEMHI County

T21N R22E S09

SWSW

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.

EXPLANATORY MATERIAL: Beneficial Use

*17 airport Rd is in NW 1/4 Sec 37
24 174 Basin 75*

RECEIVED

DEC 15 2006

11/20/2006

Department of Water Resources
Aqueduct Bureau

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: 12/13/2006

Water right number: 75-14066

DALE R ACKERMAN
17 AIRPORT RD
SALMON ID 83467
Telephone Number: (208)756-3135

SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467
Telephone Number: (208)756-3135

RECEIVED
DEC 20 2006
IDWR/North

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

Legal Description Wrong

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

Should be 21N 22E S32 NWNW

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:

12-12-06

SIGNATURE:

Sharon K Ackerman

Please print your name:

Sharon K Ackerman

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, 2087622800

Ken completed it for phone call 12-12-06

SCANNED ✓

DEC 15 2006

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER 06-103907

124 -

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK.
 FOR
 INSTRUCTIONS
 SEE HANDBOOK.

DECEDENT

VS 300

MO 580-2211 (3-03)

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

REGISTRATION DISTRICT NO.				REGISTRAR'S NUMBER					
1. DECEDENT'S NAME (First, Middle, Last) DALE RAY ACKERMAN						2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 3, 2006	
4. SOCIAL SECURITY NO. [REDACTED]		5a. AGE - Last Birthday (Years) 65		5b. UNDER 1 YEAR MONTHS DAYS		5c. UNDER 1 DAY HOURS MINUTES		6. DATE OF BIRTH (Month, Day, Year) April 17, 1941	
7. BIRTHPLACE (City and State or Foreign Country) Ottawa, KS		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No ☐ Unk.							
9a. FACILITY NAME (If not institution, give street and number) St. Luke's Hospital				9b. CITY, TOWN, OR LOCATION OF DEATH Kansas City				9c. COUNTY OF DEATH Jackson	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Married		11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name) Sharon Zielsdorf		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Self Employed		12b. KIND OF BUSINESS OR INDUSTRY Auctioneer			
13a. RESIDENCE - STATE Idaho		13b. COUNTY Lemhi		13c. CITY, TOWN, OR LOCATION Salmon		13d. ZIP CODE 83467			
13e. STREET AND NUMBER 17 Airport Road				13f. INSIDE CITY LIMITS ☒ Yes ☐ No		13g. YEARS AT PRESENT ADDRESS ☐ Under 5 ☐ 5-9 ☐ 10-19 ☒ 20 or more			
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:				15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12			
17. FATHER'S NAME (First, Middle, Last) Edward Gerald Ackerman				18. MOTHER'S NAME (First, Middle, Maiden Surname) Opal Darlene Brewbaker					
19a. INFORMANT'S NAME (Type/Print) Sharon Ackerman				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17 Airport Road, Salmon, ID 83467					
20a. BURIAL, CREMATION, OTHER (Specify) Cremation		20b. DATE OF DISPOSITION (Month, Day, Year) November 7, 2006		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wilbert Crematory		20d. LOCATION (City or Town, State) Grandview, MO			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				22a. NAME AND ADDRESS OF FACILITY Charter Funerals Kansas Chapel 10250 Shawnee Mission Pky, Merriam, KS 66203				22b. FUNERAL ESTABLISHMENT LICENSE NUMBER 480	
23. 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 → Coronary heart failure DUE TO (OR AS A CONSEQUENCE OF): a. Acute fulminant myocarditis DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST								Approximate Interval Between Onset and Death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								24. IF DECEDENT WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☒ No ☐ Unk.	
25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No		26. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide		27a. DATE OF INJURY (Month, Day, Year)		27b. TIME OF INJURY M	
27c. INJURY AT WORK? ☐ Yes ☒ No ☐ Unk.		27d. DESCRIBE HOW INJURY OCCURRED		27e. PLACE OF INJURY - At home, farm street, factory, office building, etc. (Specify)		27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
28a. (Specify) ☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER		28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		28c. DATE SIGNED (Month, Day, Year) 11/20/06		28d. TIME OF DEATH 7:35 P.M.			
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Andrew Kao 4330 Wornall Rd #200 Kansas City, MO 64111				29b. MO. LICENSE NUMBER 200401824		30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☒ No			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				32. REGISTRAR'S SIGNATURE <i>[Signature]</i>		33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) November 29, 2006			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the deceased named above was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 1994)

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
 (Do not accept if reprographed, or if seal impression cannot be felt.)

STATE OF MISSOURI

ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health and Senior Services this date of

November 22, 2006

MO 580-1103 (1007) 32710-008 (Rev 2003)

Clifford A. Dennis
 Registrar of Vital Statistics

SCANNED
 DEC 15 2006



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 Mineral Drive, Suite 100, Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800

Fax: (208) 762-2819

Web Site: www.idwr.idaho.gov

JAMES E. RISCH
Governor

KARL J. DREHER
Director

December 18, 2006

Sharon K. Ackerman
17 Airport Rd.
Salmon, Idaho 83467

Re: Claim 75-14066

Dear Mrs. Ackerman:

Enclosed is a new map and a preliminary recommendation reflecting the comments you made on the Notice of Error Reply. Please contact me if the changes are incorrect.

Sincerely,

Keith E. Franklin
Water Resources Agent

Encl/kf

11/20/2006

**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: 12/13/2006

Water right number: 75-14066

DALE R ACKERMAN
17 AIRPORT RD
SALMON ID 83467
Telephone Number: (208)756-3135

SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467
Telephone Number: (208)756-3135

RECEIVED

DEC 15 2006

IDWR/North

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

Legal Description Wrong

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

Should be 21N 22E S32 NWNW

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

SCANNED

DEC 15 2006

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

DATE: 12-12-06 SIGNATURE: Sharon K Ackerman
Please print your name: Sharon K Ackerman

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, 2087622800

Ken completed it for phone call 12-12-06

124 -

1 DATE OF DEATH (Month, Day, Year)
November 3, 2006

7. BIRTH-PLACE (City and State or Foreign Country)
Ottawa, KS

☐ Residence ☐ Other (Specify) _____

CO. COUNTY OF DEATH	Jackson
---------------------	---------

12b. KIND OF BUSINESS OR INDUSTRY
Auctioneer

13d. ZIP CODE	63467
---------------	-------

12f. INSIDE CITY LIMITS	12g. YEARS AT PRESENT ADDRESS
1 2	1 2

5. RACE - American Indian, Black, White, etc.
(Specify)
white

☐ 3-9 ☐ 10-19 ☒ 20 or more	
18. DECEDENT'S EDUCATION <i>(Specify only highest grade completed)</i>	
Elementary/Secondary (0-12)	College (1-4 or 5+)

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Opal Darlene Brewbaker

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
17 Airport Road, Salmon, ID 83467

21c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Wilbert Crematory

Porter Funerals Kansas Chapel
50 Shawnee Mission Pky, Merriam, KS 66203

220. FUNERAL ESTABLISHMENT LICENSE NUMBER	480
--	-----

23. **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.

2. Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):

3. Acute fulminant myocarditis
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

24. IF DECEASED WAS FEMALE 10-12, WAS SHE PREGNANT IN THE LAST 90 DAYS?

25a. WAS AN AUTOPSY PERFORMED?

23b WERE AUTOPSY FINDINGS
AVAILABLE PRIOR TO
COMPLETION OF CAUSE OF
DEATH?

28. MANNER OF DEATH

☒ Natural ☐ Pending Investigation

☐ Accident ☐ Could not be Determined

☐ Suicide ☐ Could not be Determined

☐ Homicide

27a. DATE OF INJ
(Month, Day, Year)

27b. TIME OF INJURY

27c. INJURY AT WORK

27a. DESCRIBE HOW INJURY OCCURRED

28a. (Specify)

28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

26c. DATE SIGNED
(Month, Day, Year)

2Ed. TIME OF DEATH
7:35 P.M.

28a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)
 Andrew Kao 4330 Wornall Rd #200
 Kansas City, MO 64111

29b. MO. LICENSE NUMBER
200401836

WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?

51. NAME OF ATTENDING PHYSICIAN IF (OTHER THAN CERTIFIED)
(Type or Print)

32. REGISTRAR'S SIGNATURE _____

1730. DATE RECEIVED BY LOCAL REGISTRAR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the deceased named above was embalmed by me, or by _____, Student Embalmer No. _____ working under my general supervision.

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if reprographied, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 1994)

STATE OF MISSOURI } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the personal records of the Bureau of Vital Records of the Missouri Department of Health, Witness my hand as County Registrar of the Department of Health and Senior Services this date of

November 22, 2006

Coffey

MO 580-1103 (10/01) 5210-008 (Rev. 2003)

November 22, 2006
MO 580-1103 (10/01) 5210-008 (Rev 2003)

Registrar of Vital Statistics

Clifford A. Demma
Registrar of Vital Statistics



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

JAMES E. RISCH
Governor

KARL J. DREHER
Director

August 9, 2006

Dale & Sharon Ackerman
17 Airport Rd.
Salmon, ID 83467

RE: 75-14066

Dear Mr. & Mrs. Ackerman:

On April 22, 2002, you submitted a Notice of Claim in the Snake River Adjudication. It lists domestic use from a well in the SWSW Section 9 Township 21N Range 22E. It appears that the City of Salmon owns that property. Would you please double check the legal description and notify us if it incorrect?

Sincerely,

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

Kenneth Knoblock
Water Resources Agent

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 75-14066
Date Received: 4/24/2002
Receipt No:
Received By:

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

1. Name of Claimant(s)

DALE R ACKERMAN Phone: (208)756-3135

17 AIRPORT RD
SALMON ID USA 83467

SHARON K ACKERMAN Phone: (208)756-3135

RT 1 BOX 222
SALMON ID USA 83467

A7514066



2. Date of Priority: 04/09/1902

3. Source: GROUNDWATER Trib. to: N/A

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
21N	22E	9	NE SW SW	LEMHI	

5. Description of diverting works:

6 INCH WELL 60' FT DEEP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
21N	22E	9	SW	SW	DOMESTIC	

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:

STOCKWATER 3 HORSES

15. Basis of Claim: Beneficial Use

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. 75-14066
Date Received 4-22-02
Receipt Number EO 27669

**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.**

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Dale R & Sharon K. Ackerman Phone (208) 756-3155
Mailing Address 17 Airport Road Salmon ID Zip 83467

2. Date of Priority (Only one per claim) 4-9-02 Month/Day/Year

3. Source of water supply (Check one) (☒) Groundwater or Other () (a) _____
which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 21N Range 22E
Section 9, NE 1/4 of SW 1/4 of SW 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. Cinch well 60' ft deep

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

For <u>DOMESTIC</u>	purposes from	Month/Day <u>01/01</u>	to	Month/Day <u>12/31</u>	amount	<u>.04 cfs</u>
(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) 3 horses

10. Place of use is: Township: 21 N Range 22 E
Section 9, SW 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.
() None or _____

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 0

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

Signature of Claimant (s) Sharon R. Ackerman Date 4-18-02

Date _____

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

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 _____ Date _____

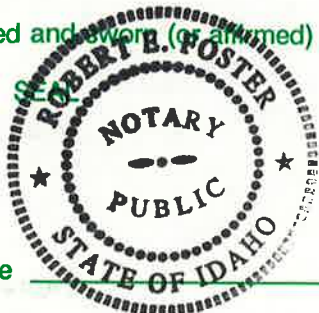
Title and Organization _____

State of Idaho/or _____)

County of _____) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 18th day of April, 2002



Notary Public Robert E. Foster

Residing at Salmon Id 83467

My Commission Expires 02-16-07

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant