

12/17/2006

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

RIGHT NUMBER: 75-14432

NAME AND ADDRESS: GERTRUDE I MAXWELL
PO BOX 1016
SALMON ID 83467

SOURCE: WALLACE CREEK

TRIBUTARY: SALMON RIVER

QUANTITY: 0.015 CFS

PRIORITY DATE: 05/13/1898

POINT OF DIVERSION:

T22N R22E S6 NWSW Lot 7 Within LEMHI County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

IRRIGATION

04/01 11/01

0.015 CFS

PLACE OF USE: IRRIGATION in LEMHI County

T22N R22E S06 Lot 11 NESW 1.00

1 ACRES TOTAL

1

The rights listed below are limited to the irrigation of a combined total of
acre in a single irrigation season. Combined Right Nos.: 75-14432 &
75-14433.

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 - Decreed

This right is a split from former right 75-13985 .

RECEIVED

JAN 19 2001

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

Department of Water Resources
Eastern Region

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, 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
	A75-00083	E			
	A75-00084	C			

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) are 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)
 (Deceased)
William Maxwell and Gertrude Maxwell
PO Box 1016 Salmon ID 83467
4. New Owner/Claimant(s)
Linda Hartman for Bill Maxwell
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address
PO Box 134
- City, State and ZIP Code
Salmon ID 83467
- New Telephone Number
(208) 752-4006
5. Date you acquired the property
7-21-94

SCANNED
JAN 31 2001



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

May 2, 2001

WILLIAM MAXWELL
PO BOX 1016
SALMON ID 83467

RE: CHANGE IN OWNERSHIP FOR 75-13954, 75-13956

Dear Mr. Maxwell:

The request for Change in Ownership for a portion of the above-referenced Notice(s) of Claim has been processed with the new Notice(s) reflecting you as one of the claimants.

Since the Change in Ownership involved just a portion of the Notice(s) of Claim, the right was split as follows:

75-13954:

75-13985, .06 cfs, 6 acres, Maxwell, Sr.

75-13986, .05 cfs, 5 acres, Maxwell Jr. & Hathhorn

75-13956:

75-13987, .10 cfs, 6 acres, Maxwell, Sr.

75-13988, .08 cfs, 5 acres, Maxwell Jr. & Hathhorn

Enclosed for your records is a typed Notice(s) reflecting your portion of the right. Review the Notice(s) and if you have other corrections or questions, please contact this office.

Respectfully submitted,

Jennifer Crabtree

Jennifer Crabtree

Technical Records Specialist

SCANNED

JAN 31 2003



State of Idaho
DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

May 2, 2001

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75-13954: *75-14432-44*
75-14433
75-13985, .06 cfs, 6 acres, Maxwell, Sr.
75-13986, .05 cfs, 5 acres, Maxwell Jr. & Hathhorn
75-14434-42
75-13956: *75-14435*
75-13987, .10 cfs, 6 acres, Maxwell, Sr.
75-13988, .08 cfs, 5 acres, Maxwell Jr. & Hathhorn

Enclosed for your records is a typed Notice(s) reflecting your portion of the right. Review the Notice(s) and if you have other corrections or questions, please contact this office.

Respectfully submitted,

Jennifer Crabtree
Jennifer Crabtree
Technical Records Specialist

SCANNED

JAN 31 2003

75-14 432
split

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: 75-13985
LINDA K HEFFNER
BOX 134
SALMON ID 83467
Telephone Number: (208)756-2954

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: 12-4-06 SIGNATURE: Linda K. Heffner
Please print your name: LINDA K. HEFFNER

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

RECEIVED
DEC 13 2006
IDWR/North

6044-200 ✓
DEC 13 2006

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 75-14432
Date Received: 5/1/2001
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

GERTRUDE I MAXWELL Phone:
PO BOX 1016
SALMON ID USA 83467

2. Date of Priority: 05/13/1898

3. Source: WALLACE CREEK Trib. to: SALMON RIVER

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:

HEADGATE, OPEN DITCH, GRAVITY & FLOOD IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/01	11/01	0.01	

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

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
Section Acres						1
Total Acres						1

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:

SPLIT FROM FORMER RIGHT 75-13954

This right is a split from former right 75-13985 .

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 _____