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

RIGHT NUMBER: 75-10457

NAME AND ADDRESS: JOE T ALDOUS
PO BOX 1926
SALMON ID 83467

SOURCE: GROUND WATER TRIBUTARY:

QUANTITY: 0.040 CFS

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

PRIORITY DATE: 06/30/1981

POINT OF DIVERSION:
T21N R22E S7 NENE Within LEMHI County

PURPOSE AND PERIOD OF USE:

PURPOSE OF USE	PERIOD OF USE	QUANTITY
DOMESTIC	4/01 10/31	0.040 CFS

PLACE OF USE: DOMESTIC in LEMHI County

T21N R22E S07 NENE

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

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

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 -

Returned

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: 75-10457

JOE T ALDOUS
PO BOX 1926
SALMON ID 83467
Telephone Number: (208)756-2115

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: _____ **SIGNATURE:** _____

Please print your name: _____

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

State of Idaho
DEPARTMENT OF WATER RESOURCES
7600 Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

NORTHERN REGION

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Interim Director

February 14, 2007

SCANNED
FEB 14 2007

Joe T. Aldous
803 Willow
Salmon, ID 83467

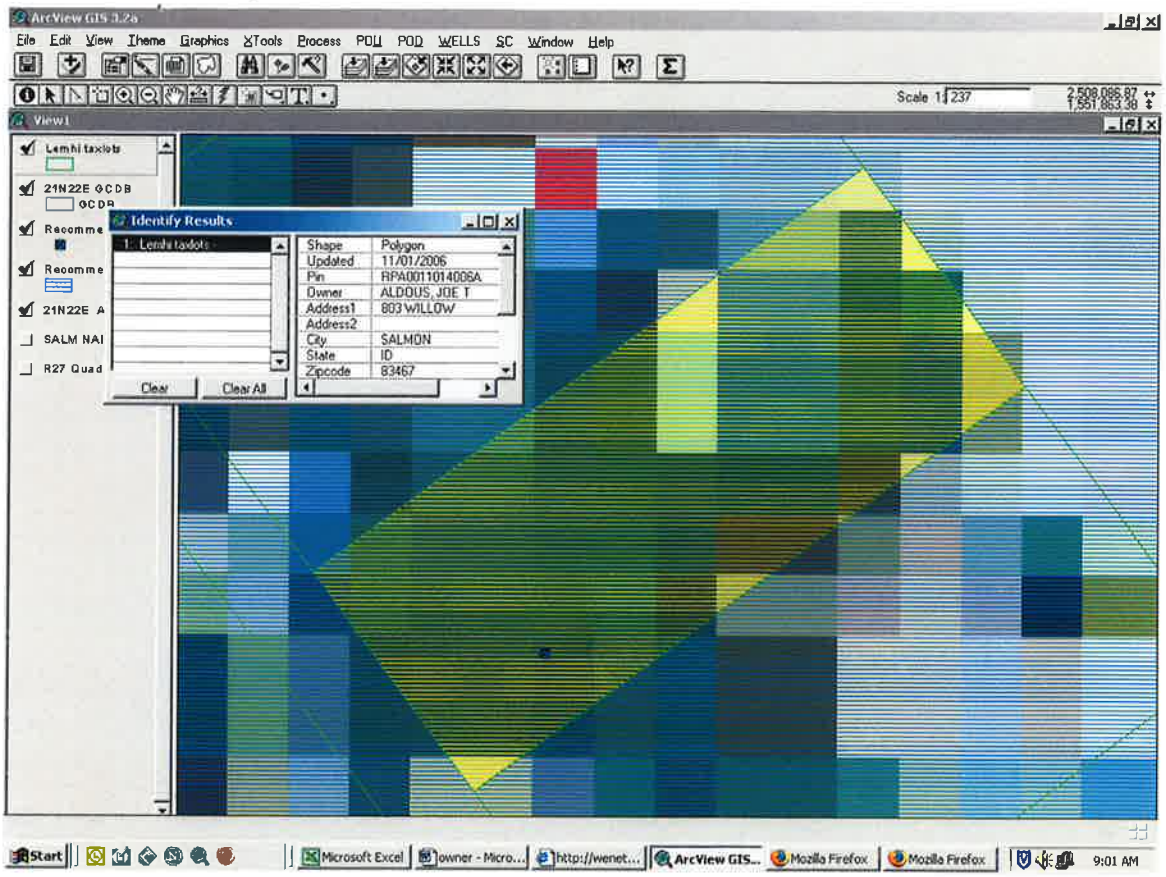
Re: 75-10457

Dear Joe:

This packet was mailed to Box 1926, Salmon and was returned to our office. The county records show that your address as above. In order for you to receive future correspondence you need to file the enclosed change of address form and return it to this office.

Sincerely.

Kenneth Knoblock
Water Rights Supervisor


ArcView GIS 3.2a
File Edit View Theme Graphics XTools Process PDU POD WELLS SC Window Help
Scale 1:237
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Lemhi taxlots
21N22E @CDB
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SALM NAI
R27 Quad
Identify Results
1: Lemhi taxlots
Shape Polygon
Updated 11/01/2006
Pin RPA0011014006A
Owner ALDOUS, JOE T
Address1 803 WILLOW
Address2
City SALMON
State ID
Zipcode 83467
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ArcView GIS...
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75_10457

SCANNED
SEP 26 2001

Form No. 42-1409 (2) b 6/89

POOR ORIGINAL

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. A75-10457
Date Received 5-2-90
Receipt Number E0 14100
Mo# 819311 25.00

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

RECEIVED
MAY - 2 1990
Department of Water Resources
Eastern District Office

Please type or print clearly

1. Name of Claimant (s) Joe T Aldous Phone (208) 756-2115
   Mailing Address P.O. Box 1926 Salmon Id Zip 83467
2. Date of Priority (Only one per claim) June 30th 81 Month/Day/Year
3. Source of water supply (Check one) (X) Groundwater or Other ( ) (a) well
   Name or kind of source
   which is tributary to (b) _____
4. Location of point of diversion is: Township 21 N Range 21 E
   Section 1, W.W. 1/4 of S.E. 1/4 of N.E. 1/4, Govt. Lot _____
   County of Lemhi
   Additional points of diversion if any: _____

A751045?

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc.), including the changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged a of each well. 6" Pipe 20' deep

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

		Month/Day		Month/Day	(cfs)
For Domestic lawn	purposes from	April 1	to	Oct. 31	amount .04
For _____	purposes from	_____	to	_____	amount _____

(Both dates are inclusive)

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) _____

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10. Place of use is: Township: 21 N Range 21 E

Section 1, S.E. 1/4 of N.E. 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 X 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) Joe T Aldous Date 4/30/90

_____ Date _____

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 _____ Date _____

Title and Organization _____

State of Idaho/or _____)
) SS.
County of Lemhi)

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 30th day of April 19 90

SEAL

Notary Public Terri J Morton

Residing at Salmon, Id.

My Commission Expires April 25, 1996

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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12/11/1989

SWRA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME ALDOUS CLAIM IDENT. NO. A75-10457

DATE RECEIVED _____ CK # _____ AMOUNT $ _____

	YES	NO	Require Data?
1. Is the name and address complete with zip code?			*
2. Is a priority date entered? Is the priority date acceptable in view of mandatory filing dates? See Adjudication Memos #1 and #4 to determine if a Permit is required.			*
3. (a) Is a source entered?			*
(b) Is a tributary to entered? (if required) N/A ___			
4. Is the legal description of the p.d. sufficient?			*
5. Is there a description of the diverting works?			
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form.			*
Is the period of use included?			
Is a quantity claimed for each use?			*
7. Is a total quantity claimed entered?			
8. If required is a consumptive use entered? N/A ___			
Is the consumptive use correct? N/A ___			
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. N/A ___			*
10. Is (are) the place(s) of use and purpose(s) indicated?			*
11. Is (are) the county(ies) entered?			
12. Is the ownership of p.u. checked?			
13. Are other water rights listed or "none" indicated?			
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 ___			
15. Is the basis of the claim indicated?			
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) N/A ___			
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block.			
18. Has the claim been signed, sealed, and dated by a notary?			
19. Was this claim filed on time, or was an extension granted?			
20. Is the fee enclosed correct? Exempt ___			
21. If this claim is based on an existing water right, has the identification number been entered? N/A ___			
22. Should this claim be data entered?			

Claim checked by: JT Date: 12-6-90

Claim must be returned to claimant: ___ Yes: ___

Claimant must be notified of modifications: ___ Yes: ___

Receipt Prepared by: _____ Date: _____ Checked by: _____ Date: _____

Claim data entered by: _____ Date: _____

Sent to claimant by: _____ Date: _____

Comments: #2: P.D. #9: Code 13: None Send ltr

POOR ORIGINAL

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APR 19 1994

FEBRUARY 5, 1993

MR JOE T ALDOUS
PO BOX 1926
SALMON ID 83467

RE: NOTICE OF CLAIM: A75-10457

Dear Mr. Aldous:

The Idaho Department of Water Resources (IDWR) is returning your returning Notice of Claim to a Water Right, A75-10457. All items on the form must be correctly completed before IDWR can process the Claim.

Please correct the items identified below and return the corrected form to IDWR within 30 days of the date of this letter to avoid any late fees. Failure to return the corrected form may result in an assessment of an additional $50.00 as a late fee.

-Item #2: The date water was first used for the claimed purpose must be entered. If you do not know the precise date, you must estimate the day, month, and year.

-Item #9: The number of households and/or the other types of uses must be listed showing the use of the claimed source.

If you have comments or questions regarding this claim, please call IDWR at (208) 525-7161.

Respectfully submitted,

Allen B. Ruberry
Sr. Water Agent - Adjudications

Enclosure: Notice of Claim A75-10457

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RECEIVED
APR 30 1993
Department of Water Resources
Eastern District Office

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: **A75-10457**
Date Received: 4/21/1993
Receipt No: E014100
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JOE T ALDOUS 208-756-2115
   Address: PO BOX 1926
   SALMON ID 83467

2. Date of Priority: JUN 30, 1981

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County
21N	21E	1	NW SE NE		LEMHI

5. Description of diverting works:
   6" PIPE, 20' DEEP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	04/01	10/31	0.040		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
   DOMESTIC, 1 HOME

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
21N	21E	1	SE NE		DOMEST	

11. Place of use in counties: LEMHI

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APR 19 1994

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 X 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): Joe T Adams Date: 4/27/93

_____ Date: _____

State of Idaho)
) SS.
County of Lemhi)

Subscribed and sworn (or affirmed) before me this 27th day of April 19 93

Carol A. Hoffard
Notary Public

Seal

Residing at Salmon

My Commission Expires July 29, 1993

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APR 19 1994

State of Idaho
DEPARTMENT OF WATER RESOURCES
900 N. Skyline Dr., Idaho Falls, Idaho 83402-1718 – (208) 525-7161 – FAX: (208) 525-7177

EASTERN REGION

CECIL D. ANDRUS
GOVERNOR
R. KEITH HIGGINSON
DIRECTOR

RECEIVED
APR 30 1993
Department of Water Resources
Eastern District Office

APRIL 21, 1993

JOE T ALDOUS
PO BOX 1926
SALMON ID 83467

********FINAL NOTICE*******

RE: NOTICE OF CLAIM A75-10457

Dear Mr. Aldous:

I spoke with you today regarding a Notice of Claim you filed on for your Domestic well (A75-10457). Information we requested February 5, 1993 in our letter to you was not provided. Consequently, we are unable to complete the data entry.

You indicated to me that the date the well was first put to use was June 30, 1981 and that your well is used for Domestic purposes only. I have entered this information into the computer and am sending you a copy that you must sign in the presence of a Notary and return to this office promptly. If you fail to return the signed and notarized copy within 10 days, the Department will remove the Notice of Claim from the Department records and assume you do not wish to have your water right decreed by the courts.

Respectfully submitted,

Jo Thompson

Jo Thompson
Adjudication Secretary

Enclosure: Printed Notice of Claim

MICROFILMED
APR 19 1994

INTER-DEPARTMENT MEMO

TO: File

FROM: J. Thompson

SUBJECT: A75-10457

DATE: 4-21-93

Per phone conversation, I have data entered 6-30-81 for P.D.; one home. Pending for Notary + Signature + VERY strong letter. 10-Day Return

Pending DEV for Sig + Notary. Final Notice.

(X) For your information

( ) Response required

signature

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APR 19 1994