

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: A21-04127
Date Received: 4/10/1989
Receipt No: E006769
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: GLEN W. MAC KAY 208-558-9939
Address: P.O. BOX 10
ISLAND PARK, ID 83429
OR
Name: DOROTHY J. MAC KAY 208-558-9939
Address: P.O. BOX 10
ISLAND PARK, ID 83429

2. Date of Priority: JUL 01, 1941

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
13N	43E	15	SE	SE			FREMONT

5. Description of diverting works:
WELL, 6" X 100', 1 HP JET PUMP, PIPED TO HOUSE & CABINS/LODGE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
COMMERCIAL	01/01	12/31	0.080		
DOMESTIC	01/01	12/31	0.040		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 HOME, C/ BAR-CAFE & LODGE-CABINS

A21-04127

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Date: 06/28/89

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
13N	43E	15	SE	SE		COMMER	
			SE	SE		DOMEST	

11. Place of use in counties: FREMONT

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: STATUTORY CLAIM

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 _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

BY 4-25-89 *ck*IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number

A2-04127

Date Received

REMARK 3-23-89

Receipt Number

E006769

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

APR 10 1989

Department of Water Resources
Eastern District Office

Please type or print clearly

1. Name of Claimant (s) GLEN W. OR BROTHY J. MACKAY Phone (208) 558-9939Mailing Address P.O. Box 10, ISLAND PARK, ID Zip 834292. Date of Priority (Only one (1) per claim) JULY 1, 19413. Source of water supply (a) GROUNDWATER
which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 13N Range 43E Section 15,
SE 1/4 of SE 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of FREMONT

Additional points of diversion if any: _____

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. 6" X 100' WELL w/ SET PUMP, 1HP
PIPED TO HOUSE & COMMERCIAL CABINS/LODGE.

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Commercial purposes from 1-1 to 12-31 amount 0.08 or _____

For Domestic purposes from 1-1 to 12-31 amount 0.04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.12 (cfs) and/or (b) _____ (acre feet)

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

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) ONE HOME / BAR-CAFE & LODGE-CABINS.

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. 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	
<u>13N</u>	<u>43E</u>	<u>15</u>																<u>C/D</u>	

Total number of acres irrigated _____

11. In which county (ies) are lands listed above as place of use located? FREMONT

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:

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Last Name Mackay Ident No. A21-04127

Copies: White -State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____

Decree _____

If applicable provide IDWR Water Right Number 21-4127

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 ☒ 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)

Ellen M. Mackay

Date

4/15/89

Anthony J. Mackay

Date

4-5-89

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 _____)

County of Fremont)

SS.

Subscribed and sworn (or affirmed) before me this 6th day of April 19 89

SEAL

Notary Public

Linda Sheldon

Residing at

Ashton ID

My Commission Expires

1-28-94

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 Mackay Ident. Number 421-04127

Copies White-State, Yellow-Claimant

4/11/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME Mac Kay CLAIMMENT. NO. A21-04127DATE RECEIVED 4-10-89 CK # 629 AMOUNT \$ 58.00

- | | YES | NO | Required Info? |
|--|-------------------------------------|--------------------------|----------------|
| 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. | ☒ | ☐ | * |
| 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: CA Date: 4-11-89Claim must be returned to claimant: (Yes) ☒ (No) ☐Claimant must be notified of modifications: (Yes) ☒ (No) ☐Receipt Prepared by: CA Date: 4-11-89
Claim data entered by: CA Date: 4-11-89 Checked by: CA Date: 4-11-89
Sent to claimant by: CA Date: 4-11-89

Comments:

Check correspondence file

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State of Idaho

DEPARTMENT OF WATER RESOURCES

150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 - (208) 525-7161

EASTERN REGION

CECIL D. ANDRUS
GOVERNOR
R. KEITH HIGGINSON
DIRECTOR

March 27, 1988

Glen W. or Dorothy J. MacKay
P.O. Box 10
Island Park, Idaho 83429

RE: Notice of Claim to a Water Right

Dear Mr. MacKay

Thank you for submitting the water claim for your well. However, before the Department can accept the claim, some additional information is required. Please find enclosed the Notice of Claim form you submitted and your check number 616 in the amount of \$25.00.

The Notice of Claim Form you submitted is limited to claims for domestic and stockwater uses not exceeding 13, 000 gallons per day. Commercial uses must be filed on the "long form" or form number 42-1409(2)a 1/88. I have enclosed and prepared a corrected notice based upon your information. Please review this revised claim and if everything is in order sign and notarize the form. The fees for commercial uses are: \$50.00 flat claim fee plus a \$100.00/cfs variable fee. Your claim fee is then \$58.00 (\$50.00 plus \$100.00*0.08).

To avoid a late filing penalty fee, please return the corrected claim along with the filing fee by April 27, 1989. If you need further assistance with this matter please contact Eric Verner at this office.

Sincerely,

Ernest Carlsen
Water Rights Supervisor

Enclosure

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PUBLIC

"BECAUSE THE PEOPLE"

Diversion Pt NENE Sec 35 T 09 NR 42E
Use: COMMERCIAL (0.08 CFS),
DOMESTIC (0.02 CFS)
In: NENE Sec 35 T 09 NR 42E

21-4127

MAC KAY, GLEN W. &/or DOROTHY J.
P.O. BOX 10, ISLAND PARK, ID 83429

K, Source: GROUNDWATER
ES, Priority Date: 07/01/1941
N, Diversion Pt: SESE Sec 15 T 13 NR 43E
OF, Use: COMMERCIAL (0.08 CFS),
V, DOMESTIC (0.04 CFS)
IS, In: SESE Sec 15 T 13 NR 43E
K, Exceptions to a claim may be filed with the
J, Director, Dept. of Water Resources, 150
e Shoup Ave., Suite 15, Idaho Falls, Idaho
83402.

KEN DUNN
Director

Publ. Sept. 1 and 8, 1983AH

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