

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: A21-10404
Date Received: 2/01/1989
Receipt No: E005659
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: NEW SWEDEN TRAILER PARK 208-524-5194
Address: 3536 W., 17 N.
IDAHO FALLS, ID 83402

OR
Name: CHARLES S. REED 208-524-5194
Address: 3536 W., 17 N.
IDAHO FALLS, ID 83402

2. Date of Priority: AUG 01, 1961

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
14N	43E	36	SW	SE	NE		FREMONT

5. Description of diverting works:
WELL AND PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	06/01	09/01	0.130		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC; 7 TRAILERS, 1 CABIN.

A2110404



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10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
14N	43E	36	SE NE		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:
LOT 154, ISLAND PARK SUBDIVISION.

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: _____

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 _____

RECORDED

OCT 22 1992

10/27/1988

SRBA CLAIMS RECEIVING CHECKLIST

CLAIMANT'S NAME NEW SWEDEN TRAILER PARK CLAIM IDENT. NO. A21-10404DATE RECEIVED 2/1/89 CK # _____ AMOUNT \$ _____

- | | YES | NO |
|--|--|--------------------------|
| 1. Is the name and address complete with zip code? | ☒ | ☐ |
| 2. Is a priority date entered? | ☒ | ☐ |
| Is the water use exempt from the Permit requirements, or if it is not exempt, has a Permit been approved or a License issued?
A Permit is required: (1) for groundwater developed after March 25, 1963 (except single family domestic and stockwater wells using less than 13,000 gpd), or (2) for surface water developed after May 20, 1971 (except for instream stockwater). USE CARE IF CLAIM IS RETURNED. REFER TO ADJUDICATION MEMOS # 1 (ADJ. CLAIMS/APPLICATIONS) AND # 9 (REJECTION OF CLAIMS). EXPLAIN IN COMMENTS. | | |
| 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 entered? | ☒ | ☐ |
| 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 checked? | ☒ | ☐ |
| 16. Is the claim signed by the claimant, and is the signature appropriate? (If an individual is the claimant, has that individual signed the claim, or if an organization is the claimant, is the organization signature block complete?) | ☒ | ☐ |
| Has the claim been signed, sealed, and dated by a notary? | ☒ | ☐ |
| Was this claim filed on time, or was an extension granted? | ☒ | ☐ |
| Is the fee enclosed correct? | Exempt ☒ | ☐ |
| If this claim is based on an existing water right, has the identification number been entered? | N/A ☒ | ☐ |
| Should this claim be receipted and data entered? | ☒ | ☐ |

Claim checked by: TO

Comments: _____

OCT 22 1992

E005659

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

Date Received

Receipt Number

A21-10404
2/1/89
F005659

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) CHARLES S. REED-NEW SWEDEN TRAIL PARK Phone () 524-5194
Mailing Address 3536-W-17-N IDAHO FALLS, IDA. Zip 83402

2. Date of Priority (Only one (1) per claim) 8-1-1961

3. Source of water supply (a) GROUNDWATER
which is tributary to (b) _____

4. a. Location of existing point of diversion is: Township 14N Range 43E Section 36,
SW 1/4 of SE 1/4 of NE 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. WELL / PUMP

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For DOMESTIC purposes from 6/1 to 9/1 amount 0.13 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.13 (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.) D/8 TRAILERS + 1 CABIN

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
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
14N	43E	36				D													

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: LOT 154 ISLAND PARK SUBDIVISION

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Last Name _____ Ident No. _____

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 _____

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 _____

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

Signature of Claimant (s) _____ Date _____

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am REPRESENTATIVE
Title

of NEW SWEDEN TRAILER PARK, that I have signed the foregoing
Organization

document in the space below as REPRESENTATIVE of NEW SWEDEN TRAILER PARK
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Charles S. Reed

Title and Organization REPRESENTATIVE - NEW SWEDEN TRAILER PARK Date 2/1/89

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

Subscribed and sworn (or affirmed) before me this 1st day of February 19 89

SEAL

Notary Public Anthony A. Obenichal

Residing at Idaho Falls

My Commission Expires 9/12/1994

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 _____

Last Name _____ Ident. Number _____

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OCT 22 1992

Copies White-State, Yellow-Claimant

05/25/92 07:58:08
PAGE 1

OLD (O) NUMBER -

+ - - - - - ADDRESS - - - - - +

STATE- ID ZIP- 83402

STATE- ID ZIP- 83402

PHONE - 208-524-5194

CHARLES S.

+ - - - STATUS - - - - +

+ - - - - - - - - TRIBUTARY - - - - - - - - - +

14N 43E 36 SW SE NE (43) FREMONT

43 - DOMESTIC

05/01

09/01

0.139

0.130

0.0

TWN

250

557

TRACT

LCT

AC 275-1

0000

DESCRIPTION

COUNTY

14N

433

34

511 512

43 DOMESTIC

(43) FREMONT

+ - - DIVERSION MEANS - WELL AND PUMP

+ - - NON-IRRIGATION USE - DOMESTIC: 7 TRAILERS, 1 CABIN.

RECEIVED
JAN 10 1968

	REMARKS
LDT 154, ISLAND PARK SUBDIVISION.	

LDT 154, ISLAND PARK SUBDIVISION.

----- OLD WATER RIGHT NUMBERS -----
NO OLD WATER RIGHT NUMBERS FOUND.

NO OLD WATER RIGHT NUMBERS FOUND.

NO CONDITIONS OF APPROVAL FOUND.

NO CONDITIONS OF APPROVAL FOUND.

MICROFILME

NOV 03 1950

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - DECREE DATE - +
00/00/0000

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
                                -COMMENTS-
                                NO COMMENTS FOUND

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+ - - - - - + - - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - - +
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COURT REPORT FILING	-	00/00/0000	FIELD INSPECTION MADE	-	00/00/0000	CIVIL CASE NUMBER	-	39576
OBJECTION FILED DATE	-	00/00/0000	FIELD INSPECTION FLAG	-		OLD CASE NUMBER	-	
RESPONSE FILED DATE	-	00/00/0000	VERIFIED DATE	-	00/00/0000	OLD JUDICIAL DISTRICT	-	
CLAIM RECEIVED DATE	-	02/01/1989	LAST AMENDED DATE	-	00/00/0000	TEMPORARY RIGHT	-	P
PROOF DUE DATE	-	00/00/0000	PROOF MADE DATE	-	00/00/0000	WATER DISTRICT	-	
LICENSED DATE	-	00/00/0000	RECEIPT NUMBER	-	E005659	FEDERAL/STATE INDICATOR	-	S
CLAIMS TAPE ERROR FLG	-		POU OWNERSHIP FLAG	-	Y	PRESUMPTION FLAG	-	
FEE EXEMPT FLAG	-		NAME CONNECTOR	-	OR	NOTICE OF ERROR FLAG	-	

RP 8442 A

CHECKED 4-13-94

☒ Verified By
☒ Topo Map/Ortho-PQ
☒ ASCS Map
☒ Wetmaster Records
☒ NAPP Photos
☒ Field Exam
☒ Other (See Remarks)
☒ County Records
☒ Witness Statement
☒ Project Records
☒ IWR Records

VERIFIED
SEP 26 1992

PROOF
JUN 30 1992

CERTIFIED
OCT 2 1993
WATER EXAMINER