

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: A21-10805
Date Received: 3/10/1989
Receipt No: E006065
Received By: AK

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: LOIS B. PACKER 208-624-3213
Address: RT. 1, BOX 195
ST. ANTHONY, ID 83445

2. Date of Priority: JUN 01, 1952

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
08N	41E	33	NW	NE			FREMONT

5. Description of diverting works:
WELL/PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		
COMMERCIAL	05/01	11/01	0.200		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 HOUSE, C/26 RV WATER HOOKUPS, SHOWERS, LAUNDRY, RESTROOMS

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
08N	41E	33	NW	NE		DOMEST	
			NW	NE		COMMER	

A21-10805

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Date: 03/16/89

A210805



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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:
LAST CHANCE CANAL

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 _____ 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 _____

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\$70.00 rec'd I.O.

check #2110

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) PACKER, LOIS B Phone () 624-3213Mailing Address RT 1, Box 195, ST. ANTHONY Zip 834452. Date of Priority (Only one (1) per claim) 6/1/19523. Source of water supply (a) GROUNDWATER
which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 8N Range 41E Section 33,_____ 1/4 of NW 1/4 of NE 1/4, Govt. Lot, _____ B.M., County of _____

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 1/1 to 12/31 amount 0.04 or _____

For COMMERCIAL purposes from 5/1 to 11/1 amount 0.20 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.24 (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/1 HOUSE C/26 RV WATER-HOOKUPS, SHOWERS, LAUNDRY REST ROOMS

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	
8N	41E	33		D/C															

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.

LAST CHANCE CANAL or None ()

14. Remarks:

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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) A. Luis B. Pacheco Date 3-10-89

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 _____

Title and Organization _____ Date _____

State of Idaho/or _____)

County of Teton) SS.

Subscribed and sworn (or affirmed) before me this 10th day of March 19 89

SEAL

Notary Public Anthony A. Olanich

Residing at Idaho Falls

My Commission Expires 7/12/1994

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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Copies White-State, Yellow-Claimant



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

September 14, 1994

FRANK VANDERSLOOT
C/O ALDEN BOWLES
2606 E 700 N
ST ANTHONY ID 83445

RE: Snake River Basin Adjudication (SRBA)
Fremont County - Notice of Claim #A21-10805

Dear Mr. Vandersloot:

We have been advised by the former owner of your property, Lois Packer, that you are the new owner of the property and water right. Before we can modify our records to reflect your new ownership, we need form 42-1409(7) completed and returned. I have enclosed this form for your use. You might consider contacting Ms. Packer to include her signature on the form with yours, thereby waiving the need to enclose a copy of your warranty deed.

Please contact me at 208/327-7932 if you have any questions.

Sincerely,

Donald V. Shaff
Manager, Adjudication Section

DVS:ss:state:tf
Enclosures:
Form 42-1409(7)
cc: Former Owner

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NOV 06 1994

~~9-14-74~~
~~Miss [unclear]~~
~~[unclear]~~

Called me
9-14-74
Ms. Packer ←
AZI-10805
2408 Stace Cir.
DF 83401

529-6518

0-change new owner
Frank Vander Sloot
2606 E. 700 N. property
St. Anthony ID

✓
Alder
Bowls mgr of prop for
MICROFILMED
Frank Vander Sloot
NOV 06 1976

↑ send a change



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

September 8, 1994

LOIS B PACKER
2408 STACE CIR
IDAHO FALLS ID 83401-5229

Re: Snake River Basin Adjudication (SRBA)
Notice of Claim No. A21-10805
Change of Address

Dear Claimant,

IDWR has been notified by the Post Office the address presently in our claim records is incorrect. Although we have reached you at the address above, we need you to confirm this is your correct mailing address. Future notices related to your SRBA claim can be sent only to the address on your claim or as otherwise changed by you. The staff of this agency must avoid relying upon the word of others about your mailing address.

If the address above is correct, please sign your name at the bottom of this letter, and return it to this office. Otherwise, please make the proper corrections, sign, and return this letter. Thank you for your help to make sure you receive the future notices we intend to send to you that will keep you notified about SRBA matters.

If the ownership of the property to which this water right applies has changed, please call this office toll-free at 1-800/451-4129 to obtain a form to make this required change to the claim record.

Sincerely,

Adjudication Bureau Staff

SO:ss:region

Enclosure:

Eastern Snake Plain Aquifer Notice

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NOV 06 1994

The address is correct as shown above or as otherwise changed.

Claimant

10/27/1988

SRBA CLAIMS RECEIVING CHECKLIST

CLAIMANT'S NAME PACKERCLAIM NO. A21-10805DATE RECEIVED 3/10/89

CK # _____

AMOUNT \$ _____

YES

NO

1. Is the name and address complete with zip code? ☒ YES ☐ NO2. Is a priority date entered? ☒ YES ☐ NO

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? ☒ YES ☐ NO(b) Is a tributary to entered? (if required) ☐ YES ☒ N/A4. Is the legal description of the p.d. sufficient? ☒ YES ☐ NO5. Is there a description of the diverting works? ☒ YES ☐ NO6. 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. ☒ YES ☐ NOIs the period of use included? ☒ YES ☐ NOIs a quantity claimed for each use? ☒ YES ☐ NO7. Is a total quantity claimed entered? ☒ YES ☐ NO8. If required is a consumptive use entered? ☐ YES ☒ N/AIs the consumptive use correct? ☐ YES ☒ N/A9. 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. ☐ YES ☒ N/A10. Is (are) the place(s) of use entered? ☒ YES ☐ NO11. Is (are) the county(ies) entered? ☒ YES ☐ NO12. Is the ownership of p.u. checked? ☒ YES ☐ NO13. Are other water rights listed or "none" indicated? ☒ YES ☐ NO14. 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.) ☐ YES ☒ N/A15. Is the basis of the claim checked? ☒ YES ☐ NO16. 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?) ☒ YES ☐ NOHas the claim been signed, sealed, and dated by a notary? ☒ YES ☐ NOWas this claim filed on time, or was an extension granted? ☒ YES ☐ NOIs the fee enclosed correct? ☐ YES ☒ ExemptIf this claim is based on an existing water right, has the identification number been entered? ☐ YES ☒ N/AShould this claim be receipted and data entered? ☒ YES ☐ NOClaim checked by: TO

Comments: _____

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