

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: A21-10911
Date Received: 4/06/1989
Receipt No: E006208
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: BISHOP'S CABINS 208-652-7225
Address: BOX 775
ASHTON, ID 83420

2. Date of Priority: JUN 01, 1935

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

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

5. Description of diverting works:
125' DEEP, 6" CASING, 1 HP SUB 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		

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:
D/9 HOUSEHOLDS, SEASONAL USE.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
14N	43E	36	SW	NW		DOMEST	

11. Place of use in counties: FREMONT

A21-10911

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Date: 04/06/89

A210911



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12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

CLAIMANT OWNS PROPERTY WHERE WELL IS LOCATED. EIGHT OTHER PEOPLE
OWN PROPERTY WHERE HOUSEHOLDS ARE LOCATED. DAILY USE DOES NOT
EXCEED 13,000 GALLON A DAY.

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 Organizations:

I do solemnly swear or affirm that I am _____ of
_____, that I have signed the foregoing
_____, that I have signed the foregoing
document in the space below as _____ of
_____, and that the statements contained in the
_____ foregoing document are true and correct.

Signature of Authorized Agent

Title and Organization

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 _____

10/27/1988

SRBA CLAIMS RECEIVING CHECKLIST

CLAIMANT'S NAME BISHOP'S CABINS CLAIM IDENT. NO. A21-10911DATE RECEIVED 3/20/89 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: DO CABIN OWNERS NEED TO FILE SEPARATELY IF
WATER RIGHTS NOT SEVERED FROM CABINS (SEE ITEM #14)?

FO066208

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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 A21-10911
Date Received 3-20-89
Receipt Number E006208

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Bishop's Cabins Phone (208) 652-7225
Mailing Address Box 775, Ashton, Idaho Zip 83420
2. Date of Priority (Only one (1) per claim) June 1, 1935
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,
_____ 1/4 of SW 1/4 of NW 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. corner 125-150 feet R;
well is 65 feet deep,
6 inch casing, 1 horsepower submersible pump.

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Domestic purposes from Jan. 1 to Dec. 31 amount .04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is de minimus acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Domestic: 9 households, seasonal use,

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	
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 ()

14. Remarks: Claimant owns property where well is located.
8 other people own property where households are located.
Daily use does not exceed 13,000 gal.

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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 The Owner

of Bishop's Cabins Organization, that I have signed the foregoing

document in the space below as Bishop's Cabins Owner Title of Bishop's Cabin Organization

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

Signature of Authorized Agent Ruth Bishop

Title and Organization Bishop's Cabin's Owner Date 16 March 1989

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

Subscribed and sworn (or affirmed) before me this 16 day of March 19 89

SEAL

Notary Public Dale L. Swensen

Residing at St. Anthony, ID

My Commission Expires May 18, 1993

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 _____

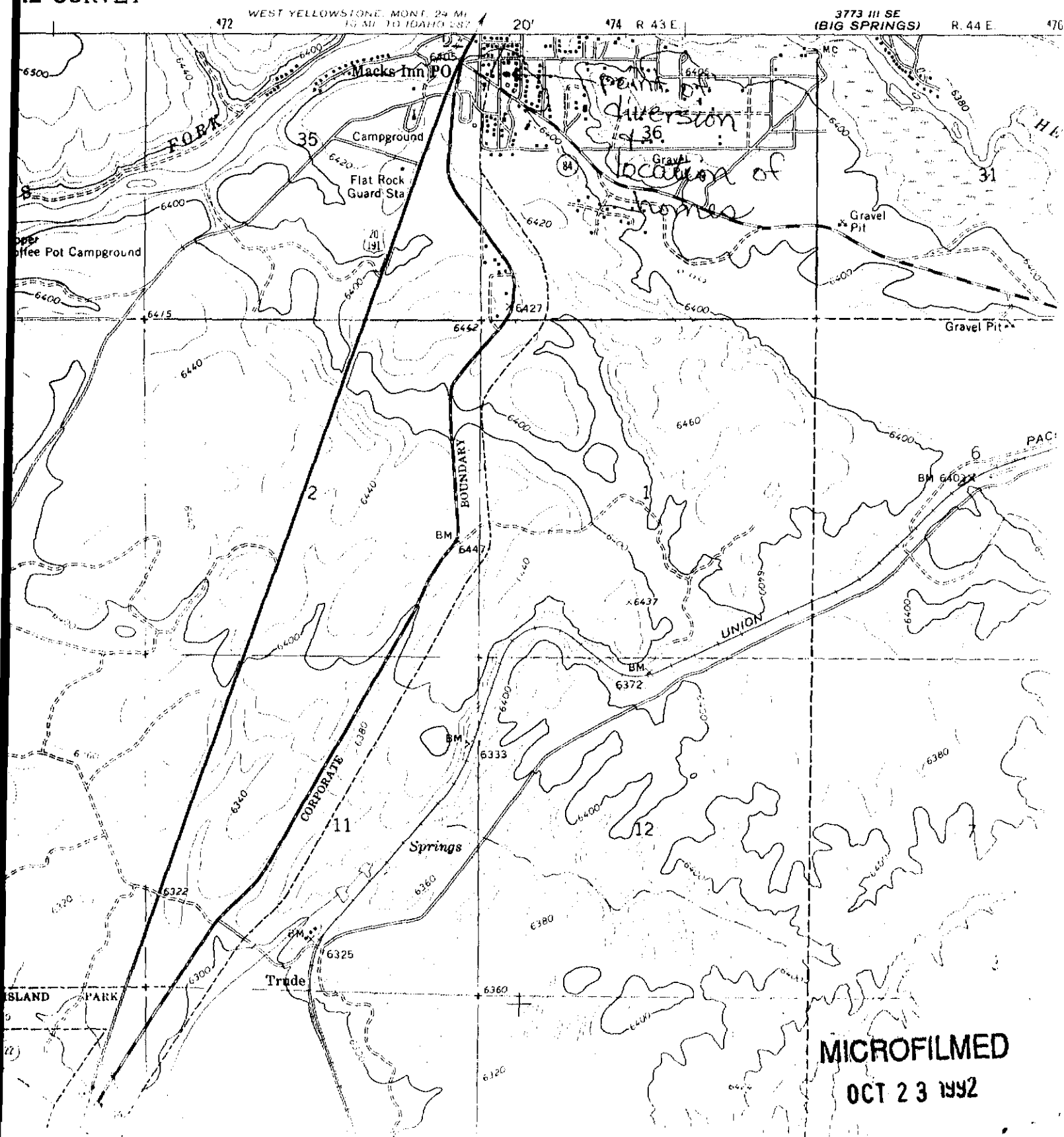
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Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant

Section 36
T. 14 N.
R. 43 E.



AJ5856NP

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: AUG-22-1997

PAGE: A-21

RIGHT NUMBER: 21-10911

NAME & ADDRESS: BISHOP'S CABINS
BOX 775
ASHTON ID 83420

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

PRIORITY DATE: 06/01/1935

POINT OF DIVERSION: T14N R43E S36 SNNW Within FREMONT County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC D/9 HOUSEHOLDS, SEASONAL	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within FREMONT County
T14N R43E S36 SNNW

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

CLAIMANT OWNS PROPERTY WHERE WELL IS LOCATED. EIGHT OTHER PEOPLE
OWN PROPERTY WHERE HOUSEHOLDS ARE LOCATED. DAILY USE DOES NOT
EXCEED 13,000 GALLON A DAY.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

SC - 0218 to 0227

Verified by _____ Date: _____

Verification Source: _____