

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: **A47-16762**
Date Received: 12/15/1998
Receipt No: 50 21677
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: STEVEN R EWING 208-543-8370
Address: 4374 F CLEARLAKES GRADE
BUHL ID 83316

AND/OR
Name: KATHY B EWING 208-543-8370
Address: 4374 F CLEARLAKES GRADE
BUHL ID 83316

2. Date of Priority: SEP 30, 1998

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
09S	15E	19	SW	NW			TWIN FALLS

5. Description of diverting works:
WELL MOTER PUMP PRESSURE TANK - SPRINKLER SYSTEM

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:
1 HOME WITH LAWN AND LIVESTOCK 20 HEAD

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
09S	15E	19	SW NW		DOMEST	

11. Place of use in counties: TWIN FALLS

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 _____ 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 _____

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. A47-16762
Date Received 12-15-98
Receipt Number _____

**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

Please type or print clearly

- Name of Claimant (s) STEVEN R. &/or Kathy B. Ewing Phone (208) 543-8370
Mailing Address 4374 F. Clearlakes Grade Zip 83316
Buhl, Idaho
- Date of Priority (Only one per claim) 9-30-1998 Month/Day/Year
- Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
Name or kind of source
which is tributary to (b) _____
- Location of point of diversion is: Township 9S Range 15E
Section 19, _____ 1/4 of SW 1/4 of NW 1/4, Govt. Lot _____, BM.,
County of Twin Falls.
Additional points of diversion if any: N.
- Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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, MOTOR - Pump pressure tank -
SPRINKLER system.
- Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)
For Domestic purposes from Jan 1 to Dec 31 amount .04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 (cfs)
- Total consumptive use claimed is de minimus
- Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 Single House w/ lawn and livestock 20 Hq

10. Place of use is: Township: 9 S Range 15 E
Section 19, SW 1/4 of NW 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? TWIN FALLS
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.
~~X~~ None or NONE

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) Steve R. Ewing Date 12/15/98
_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____ Title _____ that I have signed the foregoing
document in the space below as _____ Organization
Title _____ of _____ 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 _____)

County of Twin Falls) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 15th day of Dec 19 98

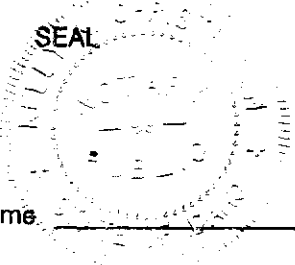
Notary Public Kelly K. Christensen

Residing at Kimberly Rd

My Commission Expires 3-11-04

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant



Ident. No.
Well Tag No.

47-98-S-0153-000
D0002784

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR DRILLING PERMIT

1. Name: STEVE EWING O 208-543-8370
Address: 4290 NORTH 1800 EAST
BUHL ID 83316

2. Proposed Well Location: Township 09S, Range 15E, Sec. 19, SWNW
TWIN FALLS County

Street Address of Well Site: 4374-F CLEARLAKES ROAD
BUHL ID

3. Proposed Use of Well: Domestic

The use of water for homes, organization camps, livestock and for any other purpose in connection therewith, including irrigation for up to .5 acres of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

4. Well Construction Information:

- A. NEW WELL
B. Proposed Surface Diameter 6 In. Proposed Maximum Depth Ft.
C. Anticipated Bottom Hole Temperature: 85 F or less (Cold water well)
(NOTE: Construction diagrams and/or other information may be requested for monitor, low temperature geothermal, municipal and artesian wells.)

5. Construction Start Date: 9/30/1998

6. Anticipated Well Driller: EATON DRILLING & PUMP SERVICE INC (No. 0026)
NOTE: The actual well driller must be identified to IDWR prior to drilling commencement.

7. Applicant's Signature _____ Date _____
Title _____
(Owner, Firm Representative, Other)

Fee \$ 750.00 Received by _____ No. S021492 Date 9/14/1998

(Continued)

Ident. No. 47-98-S-0153-000
Well Tag No. D0002784

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This permit is **APPROVED**

Date: **9/30/1998**

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. **READ CAREFULLY!**

CONDITIONS OF APPROVAL:

1. This drilling permit is valid for two (2) months from the approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
2. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required prior to construction of this well. The local Health Department should be contacted for septic tank/drainfield locations. Domestic wells must not be drilled closer than 100' from any drainfield and 50' from any septic tank. Public Water Supply wells must not be drilled closer than 100' from any drainfield or septic tank.
3. The well shall be constructed by a driller currently licensed in the state of Idaho who must maintain a copy of the drilling permit at the drilling site.
4. Approval of this drilling permit does not authorize trespass on the land of another party.
5. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
6. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
7. If a bottom hole temperature of 85 Degrees F (29.44 oC) or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
8. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (DigLine is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Dig Line " Number for your area is 1-800-342-1585.

Signature of Authorized Dept. Representative

Title

EXTENSION OF DRILLING PERMIT

Extension Approved by: _____

Approval Date: _____

Expires On: _____