

CLAIMANT'S NAME Ethington CLAIM IDENT. NO. A57-10818

DATE RECEIVED 1-19-89 CK # 2427 AMOUNT \$ 100.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YES                                         | NO                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Is the name and address complete with zip code?                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| 2. Is a priority date entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| Is the water use exempt from the Permit requirements, or if it is not exempt, has a Permit been approved or a License issued?<br>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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| (b) Is a tributary to entered? (if required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> N/A                | <input type="checkbox"/>            |
| 4. Is the legal description of the p.d. sufficient?                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> info.   | <input type="checkbox"/>            |
| 5. Is there a description of the diverting works?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                    | <input checked="" type="checkbox"/> |
| 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.                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| Is the period of use included?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> info.   | <input type="checkbox"/>            |
| Is a quantity claimed for each use?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> D / (S) | <input checked="" type="checkbox"/> |
| 7. Is a total quantity claimed entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> |
| 8. If required is a consumptive use entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> N/A                | <input type="checkbox"/>            |
| Is the consumptive use correct?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> N/A                | <input type="checkbox"/>            |
| 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.                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> N/A                | <input checked="" type="checkbox"/> |
| 10. Is (are) the place(s) of use and purpose(s) indicated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| 11. Is (are) the county(ies) entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| 12. Is the ownership of p.u. checked?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| 13. Are other water rights listed or "none" indicated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| 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.)                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> N/A     | <input type="checkbox"/>            |
| 15. Is the basis of the claim indicated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| 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?)                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> |
| Has the claim been signed, sealed, and dated by a notary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> |
| Was this claim filed on time, or was an extension granted?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| Is the fee enclosed correct?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Exempt  | <input type="checkbox"/>            |
| If this claim is based on an existing water right, has the identification number been entered?                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> N/A                | <input checked="" type="checkbox"/> |
| Should this claim be receipted and data entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> |

Claim checked by: Oct 11 1989

Comments: Item 5 See Well log Modification letter

Item 4 Range 5W

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: A57-10818  
Date Received: 1/19/1989  
Receipt No: C005887  
Received By: \_\_\_\_\_

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: NORMA ETHINGTON 208-337-3440  
Address: RT 1, BOX 1289  
HOMEDALE, ID 83628

2. Date of Priority: SEP 10, 1983

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County |
|----------|-------|---------|--------|--------|-----|-----|--------|
| 04N      | 05W   | 31      | NW     | NW     | NE  |     | OWYHEE |

5. Description of diverting works:  
WELL

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 |      |        |
| STOCKWATER | 01/01 | 12/31 | 0.030 |      |        |

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:  
D/1 HOME, S/100 HEAD CATTLE AND HORSES

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use    | Acres |
|----------|-------|---------|--------|-----|-----|--------|-------|
| 04N      | 05W   | 31      | NW     | NE  |     | DOMEST |       |
|          |       |         | NW     | NE  |     | STOCK  |       |

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11. Place of use in counties: OWYHEE

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 FALLSIN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. A57-10818Date Received 11-14-89 ctReceipt Number C005887NOTICE OF CLAIM  
TO A  
WATER RIGHTACQUIRED UNDER STATE LAW  
For Domestic and/or Stockwater Purposes  
Where Daily Use is less than 13,000 gallons per day

RECEIVED

JAN 19 1989

Department of Water Resources

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Norma Ethington Phone (208) 337-3440  
Mailing Address Rt 1 Box 1289 Homedale, Idaho Zip 836282. Date of Priority (Only one per claim) Sept. 10, 1983 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other ( ) (a) \_\_\_\_\_  
Name or kind of source  
which is tributary to (b) \_\_\_\_\_4. Location of point of diversion is: Township LDK Range RW  
Section 31, \_\_\_\_\_ 1/4 of NW 1/4 of NW 1/4, Govt. Lot NE, BM.,  
County of Owyhee  
Additional points of diversion if any: \_\_\_\_\_

5. 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. \_\_\_\_\_

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from 1-1 Month/Day 10, 1983 Month/Day 12-31 (cfs) amount .04  
to year round  
(Both dates are inclusive) N.E.  
For Stock purposes from H to 12-31 amount .037. Total quantity claimed .07 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 100 head lone horseCattle + Horses

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## HOW YOU WILL RECEIVE NOTICES IN THE SNAKE RIVER BASIN ADJUDICATION

All documents filed in the Snake River Basin Adjudication other than notices of claims are filed with the court. Notices of claims to water rights filed in the Snake River Basin Adjudication are filed with the Idaho Department of Water Resources. Copies of all documents filed in the Snake River Basin Adjudication will not be mailed to all parties (claimants) in the adjudication.

By order of the court, any document filed with the court will be mailed only to those parties who may be directly affected by it. A monthly docket sheet will be prepared by the department which contains a summary of all documents filed with the court in the previous month and the dates and locations of hearings scheduled for the following three months. The docket sheet will be filed with the district court clerk in each county within the Snake River Basin in Idaho. Copies of the docket sheet may be obtained from any of the offices of the department either in person or by mail; a small fee will be charged to cover the cost of mailing and/or copying. If you wish to receive a copy of the docket sheet each month, you should mark the appropriate place on your notice of claim form. You will be charged a small annual subscription fee to cover the cost of copying and mailing. Copies of any document listed on the docket sheet may be obtained from any of the offices of the department either in person or by mail; a small fee will be charged to cover the cost of mailing and/or copying.

Copies of all notices of claims filed with the department will be available for inspection from all offices of the department. Copies of the notices of claims may be obtained in person or by mail, but you will be charged for the cost of copying and mailing. (A claimant will not be charged for a copy of his or her own notice of claim, and a person who acquires property with water rights for which a notice of claim was filed will not be charged for a copy of the notice of claim filed by the previous owner.)

After the notices of claims have been reviewed, the director will prepare and file a report with the court. Part 1 of the report will contain the director's recommendations as to each water right claimed under state law. Part 2 of the report will list each federal reserved water right claimed. A number of reports will be prepared, one or more for each sub-basin in the Snake River Basin. When the report for your sub-basin is filed with the court, you will be mailed a notice informing you that the report for your sub-basin has been filed. The notice will be sent to the most recent address shown by the department's files. Attached to the notice will be a copy of those portions of the report describing the water rights you have claimed. If you do not agree with the way your water right is described, you may file an objection to the report with the court. You can also file an objection if you disagree with the way other claimant's water rights are described, and the notice will tell you where a copy of the full report is available for inspection. The notice will tell you when and where to file your objection. The notice of filing for each sub-basin report will also be published state-wide in local newspapers.

10. Place of use is: Township: 4N Range 5W  
Section 31, NW 1/4 1/4 of NW 1/4, Govt. Lot NE, B.M.,  
County of Owyhee 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? Owyhee

12. Do you own the property listed above as place of use? Yes ☒ 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. None ( 4 )

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) \_\_\_\_\_

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) E. Allen Ethington Date 1-18-89  
Norma Ethington Date 11-14-89

For Organizations: I do solemnly swear or affirm that I am \_\_\_\_\_

of \_\_\_\_\_, 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 \_\_\_\_\_ Date \_\_\_\_\_

Title and Organization \_\_\_\_\_

State of Idaho/or \_\_\_\_\_ )

County of Ada ) SS.  
Norma Ethington only

Subscribed and sworn (or affirmed) before me this 14th day of November 1989

SEAL

Notary Public Carter Fritschle

Residing at Carter Fritschle, Notary Public

My Commission Expires Residing at Eagle, Idaho

My Commission Expires March 21, 1994

Last Name \_\_\_\_\_ Ident No. \_\_\_\_\_

Copies: White-State, Yellow-Claimant

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It is very important that you inform the department in writing of any change in your address. This is to make sure that you receive the notices affecting your water rights that are to be mailed by the department.

If you are acquiring property with water rights in the Snake River Basin water system in Idaho (either by purchase, gift, inheritance, or other means), it is very important that you inquire of the department whether a notice of claim has been filed. If not, you must file a notice of claim or the water right may be declared by the court to no longer exist. If a notice of claim has been filed, it is very important that you file a written notice of change in ownership with the department. The notice of change in ownership must be accompanied by some evidence of the change in ownership, such as a copy of the deed or a property tax statement showing the name of the new owner. Again, this is to make sure that you receive the notices affecting your water rights that are to be mailed by the department.

The cost of the subscription to the docket sheet is \$7.50 for calendar year 1988. The cost of the subscription may increase a small amount for calendar year 1989 if the cost of copying and/or mailing should increase.

If you are planning to file a motion or other pleading (not a notice of claim) with the court (not IDWR), the court has issued an order setting a special procedure that is different from the usual civil rules. A copy of the order may be obtained from any office of IDWR; you may be charged for the cost of mailing and/or copying.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YES                                        | NO                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|
| 1. Is the name and address complete with zip code?                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| 2. Is a priority date entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| Is the water use exempt from the Permit requirements, or if it is not exempt, has a Permit been approved or a License issued?<br>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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| (b) Is a tributary to entered? (if required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |
| 4. Is the legal description of the p.d. sufficient?                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>info</u>                                | <input type="checkbox"/>            |
| 5. Is there a description of the diverting works?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
| 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.                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| Is the period of use included?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>info</u>                                | <input type="checkbox"/>            |
| Is a quantity claimed for each use?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>D. / (S)</u>                            | <input checked="" type="checkbox"/> |
| 7. Is a total quantity claimed entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/> |
| 8. If required is a consumptive use entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |
| Is the consumptive use correct?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N/A <input type="checkbox"/>               | <input type="checkbox"/>            |
| 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 <input type="checkbox"/>               | <input checked="" type="checkbox"/> |
| 10. Is (are) the place(s) of use and purpose(s) indicated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| 11. Is (are) the county(ies) entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| 12. Is the ownership of p.u. checked?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| 13. Are other water rights listed or "none" indicated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| 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 <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |
| 15. Is the basis of the claim indicated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| 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?)                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/> |
| Has the claim been signed, sealed, and dated by a notary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/> |
| Was this claim filed on time, or was an extension granted?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| Is the fee enclosed correct?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Exempt <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If this claim is based on an existing water right, has the identification number been entered?                                                                                                                                                                                                                                                                                                                                                                                                                                   | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |
| Should this claim be receipted and data entered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/> |

Comments: Item 5 See Well log

Item 4 Range 5W

Claim checked by: Modification letter

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OCT 6 1992

11-14-89

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA )  
 )  
Case No. 39576 )  
\_\_\_\_\_ )

PARTIAL DECREE PURSUANT TO  
I.R.C.P. 54(b) FOR  
Water Right 57-10818

NAME & ADDRESS: NORMA ETHINGTON  
RT 1 BOX 1289  
HOMEDALE ID 83628

SOURCE: GROUNDWATER

QUANTITY: 0.07 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000  
GALLONS PER DAY.

PRIORITY DATE: 09/10/1983

POINT OF DIVERSION: T04N R05W S31 NWNWNE Within OWYHEE County

| PURPOSE AND<br>PERIOD OF USE: | PURPOSE OF USE  | PERIOD OF USE | QUANTITY |
|-------------------------------|-----------------|---------------|----------|
|                               | STOCKWATER      | 01-01 12-31   | 0.03 CFS |
|                               | DOMESTIC 1 HOME | 01-01 12-31   | 0.04 CFS |

PLACE OF USE: STOCKWATER Within OWYHEE County  
T04N R05W S31 NWNWNE

DOMESTIC Within OWYHEE County  
T04N R05W S31 NWNWNE

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

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A  
DETERMINATION OF HISTORICAL BENEFICIAL USE.

DATED: NOV 15 1996



DANIEL C. HURLBUTT  
PRESIDING JUDGE  
Snake River Basin Adjudication

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JUN 06 1997

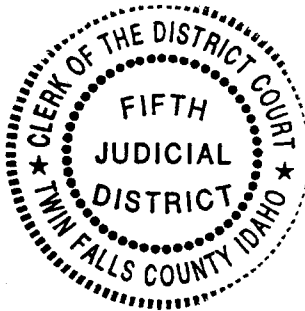
RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a final judgment and that the court has and does hereby direct that the above judgment or order shall be a final judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.

DATED: NOV 15 1996

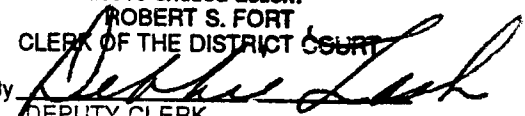


DANIEL C. HURLBUTT  
PRESIDING JUDGE  
Snake River Basin Adjudication



State of Idaho  
County of Twin Falls ss.  
I hereby certify the foregoing to be a full,  
true and correct copy of the original on  
file in the above entitled action.

ROBERT S. FORT  
CLERK OF THE DISTRICT COURT

By   
DEPUTY CLERK

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JUN 06 1997

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

DATE: OCT-09-1996

PAGE: A-1

RIGHTS FROM: SOURCE: GROUNDWATER

RIGHT NUMBER: 57-10818

NAME AND ADDRESS: NORMA ETHINGTON  
RT 1 BOX 1289  
HOMEDALE ID 83628

SOURCE: GROUNDWATER

QUANTITY: 0.07 CFS

THE QUANTITY FOR NON-IRRIGATION USE IS LIMITED TO THE AMOUNT BENEFICIARILY  
USED FOR DOMESTIC, 1 HOME, STOCKWATER, 100 HEAD

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000  
GALLONS PER DAY.

PRIORITY DATE: 09/10/1983

POINT OF DIVERSION: T04N R05W S31 NWNWNE Within Owyhee County

## PURPOSE AND

| PERIOD OF USE: | PURPOSE OF USE  | PERIOD OF USE | QUANTITY |
|----------------|-----------------|---------------|----------|
|                | STOCKWATER      | 01-01 12-31   | 0.03 CFS |
|                | DOMESTIC 1 HOME | 01-01 12-31   | 0.04 CFS |

PLACE OF USE: STOCKWATER Within Owyhee County  
T04N R05W S31 NWNWNEDOMESTIC Within Owyhee County  
T04N R05W S31 NWNWNE

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

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A  
DETERMINATION OF HISTORICAL BENEFICIAL USE.  
PARCEL NO. RP0002000.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

PARCEL NO. RP0002000.

STOCKWATER, 100 RANGE CATTLE AND HORSES

MICROFILMED

JUN 06 1997

AJ5856NP

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

DATE: OCT-1-1996  
PAGE: A-354

RIGHTS FROM: SOURCE: GROUNDWATER

RIGHT NUMBER: 57-10818

NAME & ADDRESS: NORMA ETHINGTON  
RT 1 BOX 1289  
HOMEDALE ID 83628

SOURCE: GROUNDWATER

QUANTITY: 0.07 CFS

PRIORITY DATE: 09/10/1983

POINT OF DIVERSION: T04N R05W S31 NWNWNE Within Owyhee County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE

STOCKWATER

~~DOMESTIC DOMESTIC, 1 HOME;~~ STOCKWATER

PERIOD OF USE

01-01 12-31

01-01 12-31

QUANTITY

0.03 CFS

0.04 CFS

PLACE OF USE: STOCKWATER Within Owyhee County  
T04N R05W S31 NWNE

DOMESTIC Within Owyhee County  
T04N R05W S31 NWNE

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

PARCEL NO. RP0002000. EXP

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

MICROFILMED  
JUN 06 1997

OLD (D) NUMBER -

STATE- ID ZIP- 83628

+ - - - - DECREE PLAINTIFF - - - + + - - - - DECREE DEFENDANT - - - + + - DECREE DATE - +  
00/00/0000

WATER RIGHT NUMBER - A57-10818

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - AUDIT FIELDS - 11/21/89 FRITSCHL

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

```
+ - - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - - +
```

|                       |   |            |                       |   |            |                         |   |       |
|-----------------------|---|------------|-----------------------|---|------------|-------------------------|---|-------|
| 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   | - | 03/17/1989 | 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        | - | C005887    | FEDERAL/STATE INDICATOR | - | S     |
| CLAIMS TAPE ERROR FLG | - |            | POU OWNERSHIP FLAG    | - | Y          | PRESUMPTION FLAG        | - |       |
| FEE EXEMPT FLAG       | - |            | NAME CONNECTOR        | - |            |                         |   |       |

RP 6002000

## DATA ENTRY

ENTERED 11/26/91 CH  
CHECKED 12-2-91 AD

**MICROFILMED**  
**OCT 06 1992**

**"Verified By"**  
**Topo Map/Ortho-PQ**  
**ASCS Map**  
**Watermaster Records**  
**NAPP Photos**  
**Field Exam**  
**Other (See Remarks)**  
**County Records**  
**Witness Statement**  
**Project Records**  
**IDWR Records**

**VERIFIED**

MAR - 1991

CERTIFIED  
MAR 12 3 1991

WATER EXAMINER



State of Idaho  
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

October 27, 1989

Ms. Norma Ethington  
Rt. 1 Box 1289  
Homedale, ID 83628

Re: Snake River Basin Adjudication SRBA  
Owyhee County

Dear Ms. Ethington:

We are returning your Notice of Claims to a Water Right filed for your property in Owyhee County. We are also enclosing Receipt #C005887 in the amount of \$100.00, for the filing fees. We have noted some problems with your claims which we would like you to correct.

Please see the attached pages for the appropriate corrections to be made. The attached pages are in order by the date of the well.

Please return the documents to this office at the attention of the adjudication bureau. If you will make these corrections before December 1, 1989, you will not be assessed a late filing fee. Do not hesitate to contact this office if you have any questions or desire an appointment to obtain assistance in completing the form.

Yours Truly,

Donald V. Shaft  
Manager, Adjudication Section

DVS:cp:state

Enclosures:

Notice of Claim

Receipt #C005887

MICROFILMED  
OCT 06 1992

Priority Date September 10, 1983

1. Description of the diverting works, Item #5, needs to be completed.

The period of use at Item #6, on this form refers to a month and day within the calendar year when you actually use the water. If you use the water all year long, please note "1/1" to "12/31". If your use of the water is seasonal, you might want to note "6/1" to "9/1", or whatever dates apply to your particular situation.

Also at Item #6, you have omitted the amount of water you actually use. Please refer to the instruction booklet for the Department's recommendations for cfs of use. (I have enclosed a copy for your use.) Item #7 is the total diversion capacity or total of the lines for cfs from Item #6, whichever is less.

If there are other uses of the water besides irrigation, please list them in Item #9. Describe fully the non-irrigation uses, i.e. for domestic give number of households served if single ownership. For stockwater give the type and number of livestock.

This claimant is shown as Norma Ethington. The signature at E. Allen Ethington Item #16, Signature of Claimant, must match the name at Item #1, Name of Claimant, unless documentation indicating a change of ownership or power of attorney is enclosed. We cannot accept this signature without a power of attorney from Norma Ethington authorizing you to act for her in this matter.

The notary public's seal of the verification of the signature of the claimant is a required element of the claim form. After you have obtained the notary public's seal at the bottom of the last page, we will be able to process this claim.

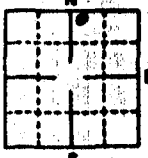
Enclosures:

Notice of Claim

Instruction Booklet (Short)

MICROFILMED  
OCT 06 1992

STATE OF ID 40  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE TYPEWRITER OR  
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>EDWIN KETHINGTON</u><br>Address <u>HOMEDALE IDAHO</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | <b>7. WATER LEVEL</b><br>Static water level <u>40</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Artesian closed in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ OF. Quality <u>146RPS.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |               |       |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|-------|--|----------|-------|--|------|----|-----|----|---|---|---|------------|--|--|--|---|----|--------|--|--|--|----|----|------------------|--|--|--|----|----|--------|--|--|--|----|----|------------------|--|--|--|----|----|-----------------|--|--|--|----|-----|-----------|--|--|--|-----|--|-----------------------|--|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other<br>Discharge G.P.M. <u>15</u> Pumping Level <u>45</u> Hours Pumped <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |               |       |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Hole<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>3</td><td>BROWN CLAY</td><td></td><td></td></tr><tr><td></td><td>3</td><td>12</td><td>GRAVEL</td><td></td><td></td></tr><tr><td></td><td>12</td><td>40</td><td>SANDY BROWN CLAY</td><td></td><td></td></tr><tr><td></td><td>40</td><td>52</td><td>GRAVEL</td><td></td><td></td></tr><tr><td></td><td>52</td><td>70</td><td>SANDY BROWN CLAY</td><td></td><td></td></tr><tr><td></td><td>70</td><td>75</td><td>SANDY BLUE CLAY</td><td></td><td></td></tr><tr><td></td><td>75</td><td>155</td><td>BLUE CLAY</td><td></td><td></td></tr><tr><td></td><td>155</td><td></td><td>BLACK SAND AND GRAVEL</td><td></td><td></td></tr></tbody></table> |                       | Hole<br>Diam. | Depth |  | Material | Water |  | From | To | Yes | No | 6 | 0 | 3 | BROWN CLAY |  |  |  | 3 | 12 | GRAVEL |  |  |  | 12 | 40 | SANDY BROWN CLAY |  |  |  | 40 | 52 | GRAVEL |  |  |  | 52 | 70 | SANDY BROWN CLAY |  |  |  | 70 | 75 | SANDY BLUE CLAY |  |  |  | 75 | 155 | BLUE CLAY |  |  |  | 155 |  | BLACK SAND AND GRAVEL |  |  |
| Hole<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Material              |               | Water |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |
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| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0     | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BROWN CLAY            |               |       |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3     | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GRAVEL                |               |       |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |
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| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |               |       |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other<br>Thickness <u>250</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>77</u> feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>perforations _____ feet _____ feet<br>perforations _____ feet _____ feet<br>perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>12</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |               |       |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>County <u>OWYHEE</u><br><u>NW 1/4 NE 1/4 Sec. 31 T. 4 N. R. 5 W.</u><br>Subdivision Name _____<br>Lot No. _____ Block No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | <b>10.</b> Work started <u>2-2-81</u> finished <u>2-4-81</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |               |       |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complicated with at the time the rig was removed.<br>Firm Name <u>KETHINGTON</u> Firm No. <u>93</u><br>Address <u>HOMEDALE IDAHO</u> Date <u>2-5-81</u><br>Signed by (Firm Official) <u>Kenneth M. Kethington</u><br>and<br>(Operator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>11.</b> <u>MICROFILMED</u><br><u>OCT 6 1982</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |       |  |          |       |  |      |    |     |    |   |   |   |            |  |  |  |   |    |        |  |  |  |    |    |                  |  |  |  |    |    |        |  |  |  |    |    |                  |  |  |  |    |    |                 |  |  |  |    |     |           |  |  |  |     |  |                       |  |  |