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Documents

In File

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: A65-09423
Date Received: 1-18-89
Receipt No: W2067
Received By: LW

Department of Water Resources
Western Regional Office

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

1. Name: WESLEY L. RHOADES 208-853-1515
Address: 6645 LAKESIDE DRIVE
BOISE, ID 83703

OR

Name: BARBARA M. RHOADES 208-853-1515
Address: 6645 LAKESIDE DRIVE
BOISE, ID 83703

2. Date of Priority: JUN 01, 1948

3. Source: BIG PAYETTE LAKE

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
18N	03E	5	NE	NW	SW	3	VALLEY

5. Description of diverting works:
PUMP AND PIPELINE

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		1.20

7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) 1.20 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
ONE DOMESTIC

A65-09423

Page 1

Date: 01/03/89

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SEP 24 1992

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
18N	03E	5	NW	SW	3	DOMEST	

11. Place of use in counties: VALLEY

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

13. Other Water Rights Used:
NONE

14. Remarks:
HALF OF LOTS 43 AND 44 AND ALL OF LOT 57, GROUP C, PAYETTE LAKES
CLUB SUB.

15. Basis of Claim: DECREED
Case Number:
Court :
Decree date: 1/21/1986

STATE OF IDAHO
Decree Plaintiff

vs

A & C CORP., ET AL.
Decree Defendant

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not X 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): Wesley J. Rhodes Date: 1-13-89
Barbara M. Rhodes Date: 1-13-89

State of Idaho)
County of ID) SS.

Subscribed and sworn (or affirmed) before me this 13th day
of Jan. 19 89 Dianna Wynia
Notary Public

Seal

Residing at Bain
My Commission Expires 8-2-94

12/19/1988

SRBA CLAIMS RECEIVING CHECKLIST

CLAIMANT'S NAME Rhoades, Wesley CLAIM IDENT. NO. A65-9423

DATE RECEIVED 1-18-89 CK # 522 AMOUNT \$ 50.00

- | | YES | NO | Required Info? |
|---|-------------------------------------|-------------------------------------|----------------|
| 1. Is the name and address complete with zip code? | ☒ | ☐ | * |
| 2. Is a priority date entered? | ☒ | ☐ | * |
| Is the priority date acceptable in view of mandatory filing dates? | ☒ | ☐ | * |
| 3. (a) Is a source entered? | ☒ | ☐ | * |
| (b) Is a tributary to entered? (if required) | ☐ | ☒ | |
| 4. Is the legal description of the p.d. sufficient? | ☒ | ☐ | * |
| 5. Is there a description of the diverting works? | ☒ | ☐ | |
| 6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. | ☒ | ☐ | |
| Is the period of use included? | ☒ | ☐ | |
| Is a quantity claimed for each use? | ☒ | ☐ | * |
| 7. Is a total quantity claimed entered? | ☒ | ☐ | |
| 8. If required is a consumptive use entered? | ☐ | ☒ | |
| Is the consumptive use correct? | ☐ | ☒ | |
| 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. | ☒ | ☐ | * |
| 10. Is (are) the place(s) of use and purpose(s) indicated? | ☒ | ☐ | * |
| 11. Is (are) the county(ies) entered? | ☒ | ☐ | |
| 12. Is the ownership of p.u. checked? | ☒ | ☐ | |
| 13. Are other water rights listed or "none" indicated? | ☒ | ☐ | |
| 14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) | ☒ | ☐ | |
| 15. Is the basis of the claim indicated? | ☒ | ☐ | |
| 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?) | ☒ | ☐ | * |
| 17. Has the claim been signed, sealed, and dated by a notary? | ☒ | ☐ | * |
| 18. Was this claim filed on time, or was an extension granted? | ☒ | ☐ | * |
| 19. Is the fee enclosed correct? | ☒ | ☐ | * |
| 20. If this claim is based on an existing water right, has the identification number been entered? | ☒ | ☐ | |
| 21. Should this claim be receipted and data entered? | ☒ | ☐ | |

Claim checked by: LW Date: 1-24-89

Claim must be returned to claimant: ☐ (Yes) ☐ (No)

Claimant must be sent a copy of amended claim for approval: ☐ (Yes) ☐ (No)

Receipt Prepared by: _____ Date: _____
Claim data entered by: _____ Date: _____
Sent to claimant by: _____ Date: _____
Checked by: _____ Date: _____

Comments: _____

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WATER RIGHT NUMBER - A65-09423

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - - - REMARKS - - - - -
DEFERPAL EXERCISED 10/15/89.

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

+ - - - - CONDITIONS OF APPROVAL - - - - -
NO CONDITIONS OF APPROVAL FOUND.

+ - - - - DECREE PLAINTIFF - - - +
STATE OF IDAHO

+ - - - - DECREE DEFENDANT - - - +
A & C CORP., ET AL.

+ - - - - DECREE DATE - +
01/21/1986

+ - - AUDIT FIELDS - 01/24/89 WERNER 10/10/89 REFUNDML 09/13/90 SHAFF

+ - - - - 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 - 01/24/1989	LAST AMENDED DATE - 00/00/0000	TEMPORARY RIGHT - P
PROOF DUE DATE - 00/00/0000	PROOF MADE DATE - 00/00/0000	WATER DISTRICT - 65
LICENSED DATE - 00/00/0000	RECEIPT NUMBER - W002067	FEDERAL/STATE INDICATOR - S
CLAIMS TAPE ERROR FLG -	POU OWNERSHIP FLAG - Y	PRESUMPTION FLAG -
FEE EXEMPT FLAG -	NAME CONNECTOR - OR	

VERIFIED
FEB 5 1991
alw

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SEP 24 1992



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

September 21, 1990

Wes Rhoades
P.O. Box 364
McCall, ID 83638

RECEIVED
SEP 21 1990

RE: Snake River Basin Adjudication (SRBA)
Valley County - #A65-09423
Receipt #W002067, \$50.00

Department of Water Resources
Western Regional Office

Dear Mr. Rhoades:

Due to the fact you have deferred your claim, the refund process has been initiated with the State Auditor's Office. You should receive your check in the near future.

Sincerely,

Donald V. Shaff
Manager, Adjudication Section

DVS:sf:ref:west

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SEP 24 1992

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO
Office of State Auditor

AGENCY USE

2851
Date
09/21/90
Code
193002

VENDOR: If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME DEPT. OF WATER RESOURCES

Document No	
Pre-Audit	Date
Warrant No	

PAY
TO

WES RHODES
PO BOX 364
MCCALL, ID 83638

CHECK ONE:

(1) MISCELLANEOUS EXPENDITURE
() STATE CONTRACT

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No

() PURCHASE ORDER
() MISCELLANEOUS ENCUMBRANCE REQUISITION

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	04 10 162	9337	8831		REFUNDS PER D. SHAFF WR #A65-09423 9/20/90 50.00	50.00	
TOTAL						50.00	

NOTE: Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment of the item or items described above. I hereby certify that the items described were ordered by proper authority, that they are necessary in the public service, that the items have been received and accounted for, and that the account as stated is correct and just.

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form, that totals carried hereon are correct, that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is asked are submitted herewith; and that there are funds in the state treasury and balances in appropriation accounts out of which the same may be lawfully paid.

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SEP 24 1992

Date

Head of Agency or Institution

State Auditor

fiscal 9-20-90

REFUND REQUEST

TO: Debbie Allen

THRU: Don Shaff

FROM: John Carlson

RE: Claimant Wes Rhoades

Address PO Box 364

McCall ID 83638

Initials/Date
Approved JS 9-13-90

Approved _____

Receipt # W002067 Attached ☒ Logged 09-20-90 ☒

Amount \$ 50- Claim Location W

W/R #(s) A65-09423 Extension Filed? Y/N

Refund Generated By _____ Copy Attached? Y/N

Late Fees Paid? Y/N

On Receipt # W002067

Reason for Refund Deferral

Date of Last Correspondence 1-19-89

REMARKS: Fees pd on Exempt claim were late Fees.
Claim is deferrable.

Data Entry JS 9-13-90

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SEP 24 1992

W002067

01/24/89
15:12:53

RHOADES, WES

ADJUDICATION FEE

0410162 9337 6490

\$50.00

\$50.00

CHECK 522

WR/NO: A65-09423

Idaho Department of Water Resources

Region: WESTERN

Signature: _____

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SEP 24 1992

RECEIVED

OCT 19 1989

PRESNELL, GAGE & CO.
BOISE OFFICE

WESLEY L. RHOADS
1989 10 19 1989

1989 10 19 1989

Please mail refund
to P.O. Box 364
McCall, ID 83638
Thanks.

FOR MORE INFORMATION CALL (208) 334-2510

REQUEST FOR WITHDRAWAL OF CLAIM

I/We acknowledge that I/We have received and read and understand the form entitled "Special Notice to Claimants of Small Domestic and Stockwater Rights in the Snake River Basin Adjudication."

By signing and returning this form I/We withdraw the Notice of Claim identified below, and request a refund of the fee for filing the claim.

Signed Wesley L. Rhoads Date 10-15-89
Signed _____ Date _____

CLAIM NUMBER: 885-0942

CLAIM FEE:

\$70.00

CLAIMANT NUMBER: 1011017

WITHDRAWAL REQUEST DATE: 11/17/1989

10

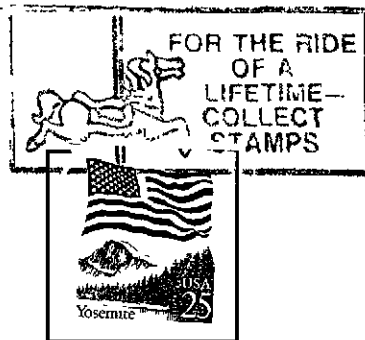
IF YOU ARE SEEKING TO WITHDRAW YOUR CLAIM AND YOUR USE
QUALIFIES AS A SMALL DOMESTIC AND STOCKWATER USE THEN SIGN
THIS FORM, FOLD SO THE ADDRESS ON THE BACK SHOWS AND MAIL.
A STAMP IS REQUIRED

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SEP 24 1992

Fold On Line

W. Rhoades
P.O. Box 364
McCall, ID 83638



SRBA
D&S Claim Deferral
P.O. Box 2730
Boise, Idaho 83701