

11/15/2006

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: December 8, 2006

Water right number: ~~18-168~~ A78-10054 (my well)
CAROLYN K.
TIMOTHY S FARRELL
PO BOX 142 3621 Cemetery Rd.
NEW MEADOWS ID 83654 2318
Telephone Number: (208) 347-2241

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

I disagree with it having the same # as my Spring Water Right - May 3, 1988 when it was done - now they say it is # 78-10055 (Spring) which is correct.

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

 I AGREE with this proposed recommendation: no changes need to be made.

DATE: 11-29-06

SIGNATURE:

Carolyn K. Farrell

Please print your name:

CAROLYN K. FARRELL

IDWR State Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, 2082874800

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

H78 10054

Date Received

5/3/88

Receipt Number

48620

NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day. Filing fee \$25

Please type or print clearly

1. Name of Claimant (s) CAROLYN K. FARRELL Phone (208) 347-2318Mailing Address HC 75, Box 3357 New Meadows, ID Zip 836542. Date of Priority (Only one (1) per claim) JUNE 1, 19833. Source of water supply (a) GROUNDWATER
which is tributary to (b) _____4. Location of point of diversion is: Township 19N Range 02ESection 19, NE 1/4 of SE 1/4 of SE 1/4, Govt. Lot _____, B.M.,County of ADAMSAdditional points of diversion if any: my well5. 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. DRILLED WELL WITH PUMP AND
PIPELINE TO PLACE OF USE. PRESENT WELL REPLACED EARLIER WELL
IN 1975 APPROX. 79 FEET DEPTH.

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

For DOMESTIC purposes from 1/1 (Both dates are inclusive) to 12/31 amount .04 cfs. (cfs)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 cfs (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served; Stockwater: Type and number of
livestock) DOMESTIC FOR ONE HOUSEHOLD

10. Place a "D" for domestic and "S" for stockwater use in the corresponding place of use below.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4			
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4
T19N	R2E	19																D

11. In which county (ies) are lands listed above as place of use located? ADAMS

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.
_____ or None (☒)

14. Remarks: _____

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice ☐ License ☐ Permit ☐
Decree ☐

If applicable provide IDWR Water Right Number _____
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. Signature (s)
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled
"How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do ☐ do not ☒
wish to receive and pay a small annual fee for monthly copies of the docket sheet.
Number of attachments 1

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true
and correct.

Signature of Claimant (s) Carolyn K. Farrell Date 5-3-88

Date _____

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 _____
Title and Organization _____ Date _____

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

Subscribed and sworn (or affirmed) before me this 3rd day of May 19 88

Notary Public Carter Fritsch
Residing at Boyle, Id

My Commission Expires _____

Last Name Farrell Ident No. A78-10054 Copies White-State, Yellow-Claimant

