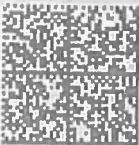


Dept. of Water Resources
Adjudication Bureau
P. O. Box 83720
Boise, ID 83720-0098

ADDRESS SERVICE
REQUESTED



- ☐ MOVED, LEFT NO ADDRESS
- ☒ FORWARDING ORDER EXPIRED
- ☐ UNCLAIMED - NOT KNOWN
- ☐ NO SUCH STREET
- ☐ NO SUCH NUMBER
- ☐ INSUFFICIENT ADDRESS



UNITED STATES POSTAGE
02 1A
\$ 00.630
0004310839 JAN 11 2006
MAILED FROM ZIP CODE 83702

FIRST CLASS

RECEIVED

JAN 19 2006

DEPARTMENT OF
WATER RESOURCES

41
12

77-7029

RULEN B HANCOCK
PO BOX 749
DARBY MT 59829

Box 371
Jared 12
86438

04/22/2005

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 77-7029

NAME AND ADDRESS: RULEN B HANCOCK
PO BOX 749
DARBY MT 59829

SOURCE: UNNAMED STREAM

TRIBUTARY: HORSE CREEK

QUANTITY: 0.040 CFS
2.400 AFY

PRIORITY DATE: 07/10/1972

POINT OF DIVERSION:

T25N R16E S24 SESW Within LEMHI County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE
DOMESTIC

PERIOD OF USE
01/01 12/31

QUANTITY
0.040 CFS
2.40 AFY

PLACE OF USE: DOMESTIC Within LEMHI County
T25N R16E S25 NWNW

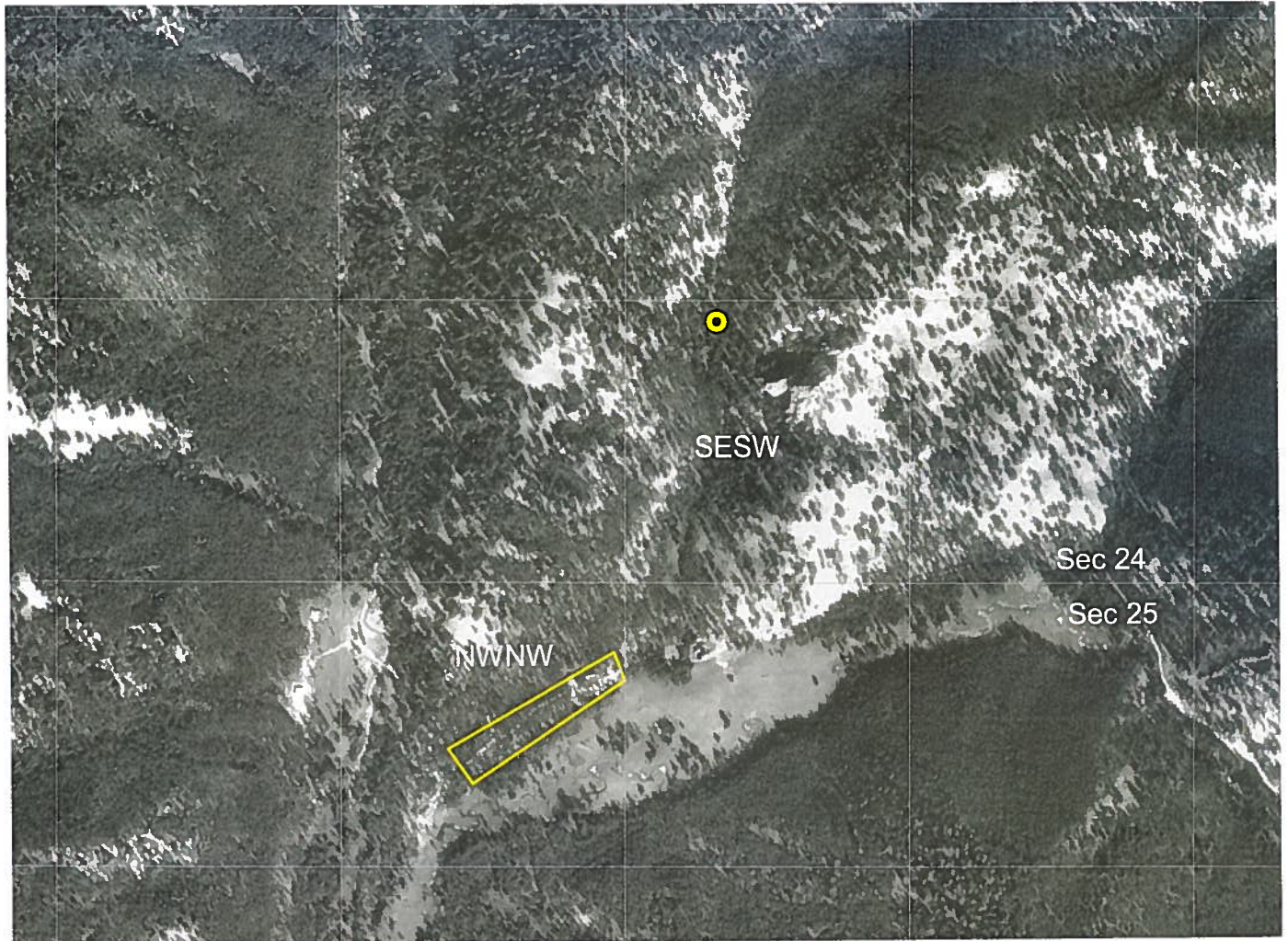
OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

PROPERTY IS ~~Also~~ KNOWN AS HOMESTEAD ENTRY SURVEY NO. 625.

EXPLANATORY MATERIAL: License

77-7029



0 600 1200 Feet

Sections 24 & 25
T25N R16E



- Point of Diversion
- Place of Use

Map prepared on April 22, 2005
By Kenneth Knoblock
Idaho Department of Water Resources

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

RECEIVED
FEB 22 1993
Idaho Department of Water Resources
Twin Falls Regional Office
Western District

Ident. Number: A77-07029
Date Received: 5/ 3/1990
Receipt No: E014125
Received By: _____

COPY FOR
YOUR FILES

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

COPY FOR
YOUR FILES

1. Name: RULEN B HANCOCK
Address: PO BOX 749
DARBY MT

59829

2. Date of Priority: JUL 10, 1972

3. Source: UNNAMED STREAM Trib. to: HORSE CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
25N	16E	24	SE	SW			LEMHI

5. Description of diverting works:
SPRINGBOX WITH LINES RUNNING TO FOUR RESIDENCES

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC, 4 HOMES

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
25N	16E	24	SE	SW		DOMEST	

11. Place of use in counties: LEMHI

A77-07029

Page 1

Date: 02/17/93

MICROFILMED
AUG 08 1994

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

13. Other Water Rights Used:

14. Remarks:

SOURCE IS ALSO KNOWN AS QUICKSAND BOG.

15. Basis of Claim: LICENSE

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

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

CIVIL CASE NUMBER: 39576

Identification No. A77-07029
Date Received 5-3-90
Receipt Number E04125

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

JUN 21 1990

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day.

Department of Water Resources
Western Regional Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Relen B. Hancock Phone (406) 821-3172
Mailing Address P.O. Box 749 Darby MT Zip 59829

2. Date of Priority (Only one per claim) Feb 10, 1972 Month/Day/Year

3. Source of water supply (Check one) () Groundwater or Other (X) (a) Quicksand Bog.
which is tributary to (b) Horse Creek. Name or kind of source

4. Location of point of diversion is: Township 25 N. Range 16 E
Section 24, 1/4 of SE 1/4 of SW 1/4, Govt. Lot _____, BM.,
County of Lemhi

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. Springbox with lines running to 4 residences.

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

For Domestic purposes from Jan 1 to Dec 31 amount 0.04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) of 4 residences.

MICROFILMED

AUG 08 1994

10. Place of use is: Township: 25N Range 16E
Section 24, SE 1/4 of SW 1/4, Govt. Lot _____, B.M.,
for (Circle One) Domestic Stock Domestic and Stock
Additional places of use, if any _____

11. In which county (ies) are lands listed above as place of use located? _____
12. Do you own the property listed above as place of use? Yes X No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.
13. Describe any other water rights used at the same place and for the same purposes as described above.
(X) None or _____
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 11-07029

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

Number of Attachments _____

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

Signature of Claimant (s) Ruben B. Harman Date 5/3/90

Date _____

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

Signature of Authorized Agent _____ Date _____
Title and Organization _____

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

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 3 day of May 19 90

SEAL

Notary Public Ernest Carlson

Residing at Idaho Falls, ID

My Commission Expires 6-14-1994

MICROFILMED

AUG 8 8 1994

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant