

AJ5856NP

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

DATE: AUG-18-1997

PAGE: A-199

RIGHT NUMBER:

43-10446

NAME & ADDRESS:

SAMUEL KIM SMITH
DEBRA SMITH
BOX 111
MALTA ID 83342

SOURCE:

GROUNOWATER

QUANTITY:

0.04 CFS

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

PRIORITY DATE:

05/15/1975

POINT OF DIVERSION:

T13S R26E S01

SWNESW

Within CASSIA County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE
DOMESTIC 1 HOME

PERIOD OF USE
01-01 12-31

QUANTITY
0.04 CFS

PLACE OF USE:

DOMESTIC

Within CASSIA County

T13S R26E S01

NESW

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

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

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE
PARCEL NO. RP000120010110

Claim proofread by: KT

Date: 9-5

AJ5856NP

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

DATE: AUG-8-1997
PAGE: A-204

RIGHT NUMBER: 43-10446

NAME & ADDRESS: SAMUEL KIM SMITH
DEBRA SMITH
BOX 111
MALTA ID 83342

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

PRIORITY DATE: 05/15/1975

POINT OF DIVERSION: T13S R26E S01 SWNESW Within CASSIA County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC DOMESTIC, 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within CASSIA County
T13S R26E S01 NESW

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

PROPERTY ALSO KNOWN AS LOT 11, BLOCK 1, RAFT RIVERS SUBD.
PARCEL NO. RP000120010110

- copy to cmts

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

Claim data entry by: [Signature]

Date: 8-14-97

Data entry verified by: KJ

Date: 8/15

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: A43-10446
Date Received: 6/21/1989
Receipt No: S007748
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SAMUEL KIM SMITH 208-645-2351
Address: BOX 111
MALTA, ID 83342

AND/OR
Name: DEBRA SMITH 208-645-2351
Address: BOX 111
MALTA, ID 83342

2. Date of Priority: MAY 15, 1975

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
13S	26E	1	SW	NE	SW		CASSIA

5. Description of diverting works:
8"X170' WELL, 3/4HP PUMP

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:
D/1 HOUSE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
13S	26E	1	NE	SW		DOMEST	

11. Place of use in counties: CASSIA

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

13. Other Water Rights Used:
NONE

14. Remarks:
BLK 1, LT 11, RAFT RIVER DEVELOPEMENT SUBD.

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

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

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____

_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day

of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

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

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

CIVIL CASE NUMBER: 39576

Identification No. A43-10446Date Received 6-6-89Receipt Number 5067748

NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

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

Filing Fee \$25

Please type or print clearly

- Name of Claimant (s) SAMUEL Kim Smith or Debra Phone (208) 645-2351
Mailing Address Box 111 MALTA IDAHO Zip 83342
- Date of Priority (Only one per claim) MAY 15 1975 Month/Day/Year
- Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source
- Location of point of diversion is: Township 13 south Range 26 EAST of the BOISE MERIDIAN
Section 1, SW 1/4 of NE 1/4 of SW 1/4, Govt. Lot _____, BM.,
County of CASSIA
Additional points of diversion if any: _____
- 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. 170' DEEP 8" casing 3/4 hp pump
- Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)
For Domestic purposes from 1/1 Month/Day to 12/31 Month/Day amount 0.04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 (cfs)
- Total consumptive use claimed is de minimus
- Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 HOUSE

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MAR 05 1993

RECEIVED

JUN 6 1989

Department of Water Resources
Southern Region Office

10. Place of use is: Township: 13 south Range 26 EAST of the BOISE MERIDIAN
Section 1, N.E 1/4 of S.W 1/4, Govt. Lot _____, B.M.,
County of CASSIA 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? CASSIA

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. None (X)

14. Remarks: Block #1 Lot #11 RAFT RIVER Development
SUBDIVISION

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 _____

NO DOCKET

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) Samuel Kim Smith Date 6-2-89

_____ 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 _____ Date _____

Title and Organization _____

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

Subscribed and sworn (or affirmed) before me this 2nd day of June 1989

SEAL

Notary Public Robert D. Sterstell

Residing at Twin Falls, Idaho

My Commission Expires 1/16/1995

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 6 5 1993



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

.Aug. 25, 1989

Re: A43-10446

.SAMUEL KIM SMITH
.BOX 111
.MALTA ID 83342

Dear Claimant(s):

Please find enclosed your receipt and a copy of a computer generated claim based on the information from your original claim(s) which has been entered in our computer records.

Please review the computer generated claim for accuracy. In a few instances clarifications may have been added by the Department at the time of data entry. If you have any questions or objections regarding the computer record of you claim(s), please contact this office.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Judy'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 05 1993

WATER RIGHT NUMBER - A43-10446 PREFIX TRANSLATION: ADJUDICATION CLAIM OLD (D) NUMBER -

+ - - - - LAST NAME - - - - + + - - - - FIRST NAME - - + + - - - - ADDRESS - - - - - +

*** C - CURRENT OWNER ***
SMITH

SAMUEL KIM

1 - BOX 111
2 -
3 -

STATE- ID ZIP- 83342

SMITH

DEBRA

CITY- MALTA
PHONE - 208-645-2351

1 - BOX 111
2 -
3 -

STATE- ID ZIP- 83342

CITY- MALTA
PHONE - 208-645-2351

+ - - - - PRIORITY DATE - - + + - - - - REGION - - - + + - - - - STAGE - - - + + - - - - STATUS - - - - +
05/15/1975 17 SOUTHERN J - BENEFICIAL USE

+ - - - - SOURCE - - - - - + + - - - - TRIBUTARY - - - - - + + - - - - TRIBUTARY - - - - - +

+ - - - - TOWN RNG SEC TRACT LOT RFLG COUNTY POINT OF DIVERSION - - - - - + STREAM INDEX (BLANK IF NO INDEX CODE)

13S 26E 1 SW NE SW (31) CASSIA

+ - - - - CODE DESCRIPTION PERIOD FROM PERIOD TO WATER USE DIVERSION RATE DIVERSION VOLUME

43 - DOMESTIC 01/01 12/31 0.040

+ - - - - TOTAL DIV. RATE - + + - - - - TOTAL DIV. VOLUME - + + - - - - TOTAL DIV. CAPACITY - + + - - - - TOTAL CONSUMPTIVE USE - + + - - - - KW USAGE - +

+ - - - - TOWN RNG SEC TRACT LOT ACRES PLACE OF USE DESCRIPTION COUNTY

13S 26E 1 NE SW 43 DOMESTIC (31) CASSIA

+ - - - - DIVERSION MEANS - 3"X170' WELL, 3/4HP PUMP

+ - - - - NON-IRRIGATION USE - D/1 HOUSE

+ - - - - OTHER RIGHTS FOR SAME USE - NONE

+ - - - - REMARKS - - - - - + SLK 1, LT 11, RAFT RIVER DEVELOPMENT SUBD.

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

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

MICROFILMED

MAR 05 1993

