

AJ5856NP

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

DATE: AUG-18-1997

PAGE: A-220

RIGHT NUMBER: 43-10483

NAME & ADDRESS: BEVERLY SMITH
OSMER W SMITH
PO BOX 95
MALTA ID 83342

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 07/15/1959

POINT OF DIVERSION: T13S R26E S12 NWSNW Within CASSIA County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.01 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE:	STOCKWATER	Within CASSIA County
	T13S R26E S12	SWNW
	DOMESTIC	Within CASSIA County
	T13S R26E S12	SWNW

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.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE
PARCEL NO. 13S26E123405A
STOCKWATER, 600 MINK, 7 CALVES

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-225

RIGHT NUMBER: 43-10483

NAME & ADDRESS: BEVERLY SMITH
OSMER W SMITH
PO BOX 95
MALTA ID 83342

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

PRIORITY DATE: D7/15/1959

POINT OF DIVERSION: T13S R26E S12 NWSWN Within CASSIA County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.01 CFS
	DOMESTIC DOMESTIC, 1 HOME; STOCKWA	01-01 12-31	0.04 CFS

PLACE OF USE:	STOCKWATER	Within CASSIA County
	T13S R26E S12	SWNW
	DOMESTIC	Within CASSIA County
	T13S R26E S12	SWNW

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

PARCEL NO. 13S26E123405A

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

Claim data entry by: KST

Date: 8/14/97

Data entry verified by: TM

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: A43-10483
Date Received: 6/23/1989
Receipt No: S008170
Received By: SCV

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: OSMER W. SMITH 208-645-2493
Address: P.O. BOX 95
MALTA, ID 83342
AND/OR
Name: BEVERLY SMITH 208-645-2493
Address: P.O. BOX 95
MALTA, ID 83342

2. Date of Priority: JUL 15, 1959

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	12	NW	SW	NW		CASSIA

5. Description of diverting works:
WELL AND 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		
STOCKWATER	01/01	12/31	0.010		

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/? S/600 MINK, 7 CALVES

A43-10483

Page 1

Date: 06/23/89

MICROFILMED

MAR 05 1993

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
13S	26E	12	SW	NW		DOMEST	
			SW	NW		STOCK	

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:

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. A43-10483

Date Received _____

Receipt Number _____

RECEIVED NOTICE OF CLAIM TO A WATER RIGHT

JUN 09 1989

Department of Water Resources
Southern Region OfficeACQUIRED 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) OSMER Wand or Beverly Smith Phone () 645-2493
Mailing Address Box 95 Malta Idaho Zip 833422. Date of Priority (Only one per claim) July-15-59 Month/Day/Year3. Source of water supply (Check one) (☒) Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township 13 South Range 26 East
Section 12, NW 1/4 of SW 1/4 of NW 1/4, Govt. Lot _____, BM.,
County of Cassia

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. Well is 61 ft deep 10" casing & 1 hp pump

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

For <u>Domestic</u> purposes from	Month/Day <u>1/1</u>	to	Month/Day <u>12/31</u>	amount	(cfs) <u>0.04</u>
(Both dates are inclusive)					
For <u>Stock Water</u> purposes from	Month/Day <u>1/1</u>	to	Month/Day <u>12/31</u>	amount	(cfs) <u>0.01</u>

7. Total quantity claimed 0.04 (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) 600 mink & 600 7 calves

MICROFILMED

MAR 05 1993

10. Place of use is: Township: 13 South Range 26 East

Section 12, SW 1/4 of NW 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? _____

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: _____

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) No Docut

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) Ormer W. Smith Date _____

Beau Smith Date 6-8-89

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 Idaho)
County of Cassia) SS.

Subscribed and sworn (or affirmed) before me this 8th day of June 19 89

SEAL

Notary Public Rosella Hedden

Residing at Malta, Idaho

My Commission Expires April 6, 1993

Last Name Smith Ident No. _____

Copies: White-State, Yellow-Claimant

MICROFILMED
MAR 05 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: A43-10463

.OSMER W SMITH
.P O BOX 95
.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:

MICROFILMED
MAR 05 1993

05/10/2001

**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: June 15, 2001

Water right number: 43-10483

BEVERLY SMITH
PO BOX 95
MALTA ID 83342
Telephone Number: (208)645-2493

OSMER W SMITH
PO BOX 95
MALTA ID 83342
Telephone Number: (208)645-2493

RECEIVED
JUN 18 2001
Department of Water Resources

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

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:

RECEIVED
JUN 20 2001
Department of Water Resource
Southern Region

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

DATE:

June 15, 2001

SIGNATURE:

Osmer W. Smith

Please print your name:

OSMER W. SMITH

IDWR Regional Office, 1341 Fillmore St, Suite 200, Twin Falls, ID 83301, (208)736-3033

