

AJ5856NP

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

DATE: AUG-18-1997

PAGE: A-259

RIGHT NUMBER:

43-10553

NAME & ADDRESS:

CARLYLE H ANDERSON
VERLE N ANDERSON
HC 61 BOX 1380
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:

03/12/1979

POINT OF DIVERSION:

T13S R25E S32

SENWSE

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 R25E S32

NWSE

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. RP13S25E327975

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-266

RIGHT NUMBER: 43-10553

NAME & ADDRESS: CARLYLE H ANDERSON
VERLE N ANDERSON
HC 61 BOX 1380
MALTA ID 83342

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

PRIORITY DATE: D3/12/1979

POINT OF DIVERSION: T13S R25E S32 SENWSE 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 R25E S32 NWSE

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

PARCEL NO. RP13S25E327975

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

Claim data entry by: KST

Date: 8/15/97

Data entry verified by: [Signature]

Date: 8-15-97

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: A43-10553
Date Received: 6/26/1989
Receipt No: S008345
Received By: B.V. St.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CARLYLE H. ANDERSON 208-638-5539
Address: HC 61, BOX 1380
MALTA, ID 83342

OR

Name: VERLE N. ANDERSON 208-638-5539
Address: HC 61, BOX 1380
MALTA, ID 83342

2. Date of Priority: MAR 12, 1979

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
13S	25E	32	SE	NE	SW		CASSIA

5. Description of diverting works:
8" X 108' WELL, 1.5 HP 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	25E	32	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:
HAS APPLIED FOR A PERMIT TO IRRIGATE A 2 ACRE PASTURE AREA.

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. A43-10553Date Received 06-07-1989Receipt Number 5008345

RECEIVED NOTICE OF CLAIM
TO A
WATER RIGHT

JUN 8 1989
Department of Water Resources
Southern Region Office

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) CARLYLE HAN VERLE M. ANDERSON Phone (208) 638-5539Mailing Address HC 61 Box 1380 Malta, Idaho Zip 833422. Date of Priority (Only one per claim) 6/7/89 3/12/79 Month/Day/Year3. Source of water supply (Check one) (X) Groundwater or Other () (a) _____

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 13 South Range 25 eastSection 32, SE 1/4 of NE 1/4 of SW 1/4, Govt. Lot _____, BM.,County of CassiaAdditional points of diversion if any: well is located in Elba, Id.

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, 8" casing, 108' deep, 1 1/2 submersible pump, pipe to house

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

For Domestic purposes from January^{Month/Day} to December^{Month/Day} amount 2.004^(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) D/I House

MICROFILMED

MAR 05 1993

10. Place of use is: Township: 13 South Range 25 east

Section 32, NE 1/4 of SW 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 ()

Irrigation of pasture 2 acres

14. Remarks: Applied for Permit to irrigate 2 acre pasture

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)

Number of Attachments _____

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

By signing I/We acknowledge reading the notice on the back of this claim form. I/We wish to receive for a small annual fee monthly copies of the docket sheet. YES _____ NO _____

Signature of Claimant (s) Charles H. Anderson Date 6/6/89

Wesley M. Anderson Date 6/6/89

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 _____)

County of CASSIA) SS.

Subscribed and sworn (or affirmed) before me this 6th day of June 19 89

SEAL

Notary Public Marcia R. Edwards

Residing at Elba, Cassia, Idaho

My Commission Expires 9/93

Last Name _____ 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

June 21, 1989

Carlyle H. or Verle N. Anderson
HC61 Box 1380
Malta, ID 83342
RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 3672 for \$ 25.00 which you submitted to our office. I am returning these pursuant to Rule 10,4 of the Department's Adjudications Rules and Regulations. In checking your claim it appears that the following items need clarification:

- [] Item #2 Priority
- [✓] Item #4 Point of Diversion Legal Description
- [✓] Item #6 Uses descriptions?
- [✓] Item #9 Description of Non-irrigation Uses
- [✓] Item #10 Place of Use Legal Description
- [] Item #16 Signature & Notorization
- [] Improper fee (THE CORRECT FEE IS \$ _____)
- [✓] Other or Remarks

NEEDS 1/4-1/4
Descriptions

Item #3 = SOURCE?

~~If you wish to continue to press your claim please find enclosed instructions and another claim form to use.~~ If you will make the necessary corrections and return your claim with the correct fee and a copy of this letter within 30 DAYS of the date of this letter, your filing will be considered timely and will not be assessed an additional late fee of \$ 50.00.

Sincerely,

Allen Merritt by Steve C. C. C.
Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm *SCC*
Enclosures:

MICROFILMED
MAR 05 1993

