

AJ5856NP

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

DATE: AUG-18-1997
PAGE: A-260

RIGHT NUMBER: 43-10558

NAME & ADDRESS: GERALD BEASON
MARGARET BEASON
BOX 623
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: 06/15/1980

POINT OF DIVERSION: T13S R26E S01 SENESW Within CASSIA County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	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:

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. RP000120020080
PROPERTY ALSO KNOWN AS LOT 8, BLOCK 2, RAFT RIVER SUBD.

copy to comments

Claim proofread by: BT

Date: 9-5

AJ5856NP

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

DATE: AUG-8-1997
PAGE: A-267

RIGHT NUMBER: 43-10558

NAME & ADDRESS: GERALD BEASON
MARGARET BEASON
BOX 623
MALTA ID 83342

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

PRIORITY DATE: 06/15/1980

POINT OF DIVERSION: T13S R26E S01 SENESW 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:

PARCEL NO. RP000120020080
PROPERTY ALSO KNOWN AS LOT 8, BLOCK 2, RAFT RIVER SUBD.

- copy to cmts

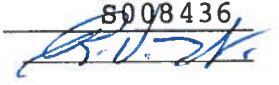
EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

Claim data entry by: KST
Date: 8/14/97
Data entry verified by: Jul
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: A43-10558
Date Received: 7/03/1989
Receipt No: 8008436
Received By: 

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: GERALD BEASON 208-645-2323
Address: BOX 623
MALTA, ID 83342

OR
Name: MARGARET BEASON 208-645-2323
Address: BOX 623
MALTA, ID 83342

2. Date of Priority: JUN 15, 1980

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	SE	NE	SW		CASSIA

5. Description of diverting works:
6" X 100' WELL, 1 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.

A43-10558

Page 1

Date: 07/03/89

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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:

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 _____

MICROFILMED
MAR 05 1993

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. A43-10558
Date Received 6-8-89
Receipt Number 5008436

RECEIVED NOTICE OF CLAIM
TO A
WATER RIGHT

JUN 09 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) Gerald or Margaret Beasly Phone (208) 645 2323

Mailing Address Box 623 Malta Id Zip 83342

2. Date of Priority (Only one per claim) unknown 6/80 Month/Day/Year

3. Source of water supply (Check one) (4 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 26 East of Boise Meride

Section I, SE 1/4 of NE 1/4 of SW 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. 100 ft. well with 1hp pump bench cased well

6. 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 _____

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) Domestic water to 1 household

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MAR 05 1993

10. Place of use is: Township: 13 South Range 26 East of Boise Meridian
Section I, 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 L 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 ()

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) Gerald Beason

Number of Attachments _____

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 ✓

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

Signature of Claimant (s) Gerald Beason Date 6-22-89

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 Idaho } SS.

County of Cassia }

Subscribed and sworn (or affirmed) before me this 22nd day of June 1989

SEAL

Notary Public Roselle Nedda

Residing at Malta, Idaho

My Commission Expires April 6, 1993

Last Name Beason Ident No. _____

Copies: White-State, Yellow-Claimant

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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

June 20, 1989

R. KEITH HIGGINSON
Director

RECEIVED

JUN 20 1989

Department of Water Resources
Southern Region Office

Gerald Beason
Box 623
Malta, Idaho. 83342

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 433 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 | <i>Best estimate of time well was first used by anyone.</i> |
| ☒ | Item #4 | Point of Diversion Legal Description | <i>Please mark the location of your well on the enclosed photo of section 1 and return it to us.</i> |
| ☐ | Item #6 | Uses descriptions | |
| ☐ | Item #9 | Description of Non-irrigation Uses | |
| ☒ | Item #10 | Place of Use Legal Description | <i>Sign 3 lines below where you signed and have your signature notarized at your bank or other place.</i> |
| ☒ | Item #16 | Signature & Notorization | |
| ☐ | Improper fee | (THE CORRECT FEE IS \$ _____) | |
| ☐ | Other or Remarks | | |

~~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.

BEFORE RETURNING THE CLAIM PLEASE READ THE ENCLOSED DRAFT TEXT FOR D&S BROCHURE. Due to recent rulings by the court you may defer filing the claim if you so desire but it is recommended by the Department that you continue to press your claim. If you have any questions contact our office.

Sincerely,

Bob Worstell

Bob Worstell
Water Resource Agent

Encl:

Note: Keep the postmarked envelope with this claim to show that it was sent in by the dead-line date.

MICROFILMED

MAR 05 1989

A43-10558

x 10
location
off well

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 27, 1989

RECEIVED

JUL - 3 1989

Gerald Beason
Box 623

Malta, Idaho 83342

RE: SRBA CLAIM

Department of Water Resources
Southern Region Office

DEAR CLAIMANT:

PLEASE FIND ENCLOSED YOUR ADJUDICATION CLAIM AND YOUR CHECK # 433 FOR \$ 25.00. YOU ARE GIVEN THE OPPORTUNITY TO WITHDRAW THIS CLAIM AS ORIGINALLY FILED. ANY WATER RIGHT DEVELOPED AFTER 3/15/1963, FOR ANY USE OTHER THAN SINGLE FAMILY DOMESTIC USE AND OR STOCKWATER USING 13,000 GALLONS PER DAY OR LESS, IS REQUIRED TO HAVE AN APPLICATION FOR PERMIT FILED. THIS INCLUDES USES SUCH AS IRRIGATION OF OVER 1/2 ACRE OR DOMESTIC USE FOR A COMMERCIAL BUSINESS.

SINCE WE CAN FIND NO RECORD OF A PERMIT OR LICENSE FOR THE USE YOU DESCRIBE, THE DEPARTMENT, IN ITS FINAL REPORT TO THE COURT, WOULD BE FORCED TO RECOMMEND THAT YOUR CLAIM BE REJECTED.

AT THIS POINT PLEASE CONSIDER THE FOLLOWING OPTIONS:

RETURN THE CLAIM AS FILED UNDERSTANDING THAT THE DEPARTMENT WILL RECOMMEND THE CLAIM REJECTED. UPON REJECTION YOU CAN PURSUE LITIGATION.

RECORD THE USE NOW BY FILING FOR AN APPLICATION FOR PERMIT. (PLEASE CONTACT OUR OFFICE FOR FORMS, INSTRUCTIONS OR ASSISTANCE)

Form + instructions enclosed

FILE MODIFIED CLAIM OR CLAIMS WHICH WOULD PROPERLY RECORD YOUR USE. FOR EXAMPLE, IF YOUR USE IS MULTIPLE DOMESTIC YOU COULD FILE MULTIPLE CLAIMS EACH MEETING THE SINGLE FAMILY DOMESTIC DEFINITION. BUT BEFORE RETURNING SUCH CLAIMS PLEASE READ THE ENCLOSED DRAFT TEXT FOR D&S BROCHURE. DUE TO A RECENT COURT RULING YOU MAY DEFER FILING SUCH CLAIMS.

4 + \$25 per claim -

Additional claim form enclosed.

IF YOU CHOOSE TO FILE ADJUDICATION CLAIMS, YOU WILL NEED TO RETURN THEM WITH THE CORRECT FEE WITHIN 30 DAYS FROM THE DATE OF THIS LETTER OR THE CLAIMS WILL BE CONSIDERED LATE AND EACH SUBJECT TO ADDITIONAL LATE FEES WHICH COULD BE \$50 OR MORE. IN RETURNING CLAIMS PLEASE ATTACH A COPY OF THIS LETTER. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

SINCERELY,

Bob Worstell
BOB WORSTELL
WATER RESOURCE AGENT

ENCL:

I apologize for returning this claim again, but when your priority date is June, 1980, this procedure must be applied.

MICROFILMED

MAR 15 1993

per sale of 2nd acre + telephone call to Bob W. chgd 2 households to 1 I am returning paper. Thanks. Beason



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: A43-10538

.GERALD BEASON
.BOX 623
.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

**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: 43-10558

GERALD BEASON

PO BOX 623

MALTA ID 83342

Telephone Number: (208) 645-2323

MARGARET BEASON

PO BOX 623

MALTA ID 83342

Telephone Number: (208) 645-2323

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:

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

DATE: 5/16/01 SIGNATURE: Gerald Beason
Please print your name: GERALD BEASON

IDWR Regional Office, 1341 Fillmore St, Suite 200, Twin Falls, ID 83301, 2087363033

RECEIVED
MAY 18 2001
Department of Water Resource
Southern Region

WATER RIGHT NUMBER - A43-10558

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (C) NUMBER -

+ - - - - LAST NAME - - - - +

+ - - - - FIRST NAME - - - - +

+ - - - - ADDRESS - - - - - +

*** C - CURRENT OWNER ***

BEASON

GERALD

1 - BOX 623

2 -

3 -

CITY- MALTA

PHONE - 208-645-2323

1 - BOX 623

2 -

3 -

CITY- MALTA

PHONE - 208-645-2323

STATE- ID ZIP- 83342

STATE- ID ZIP- 83342

+ - - PRIORITY DATE - - +

06/15/1980

+ - - REGION - - - +

17 SOUTHERN

+ - - STAGE - - - +

J - BENEFICIAL USE

+ - - SOURCE - - - - +

GROUNDWATER

+ - - TRIBUTARY - - - - - +

+ - - TOWN

RNG

SEC

TRACT

LOT

RFLG

COUNTY

POINT OF DIVERSION

STREAM INDEX (BLANK IF NO INDEX CODE)

13S

26E

1

SE NE SW

(31) CASSIA

WATER USE

PERIOD FROM

PERIOD TO

DIVERSION RATE

DIVERSION VOLUME

43 - DOMESTIC

01/01

12/31

0.040

+ - - TOTAL DIV. RATE - +

0.040

+ - - TOTAL DIV. VOLUME - +

+ - - TOTAL CONSUMPTIVE USE - +

+ - - KW USAGE - +

+ - - TOWN

RNG

SEC

TRACT

LUT

ACRES

PLACE OF USE

CODE

DESCRIPTION

COUNTY

13S

26E

1

NE SW

43 DOMESTIC

(31) CASSIA

+ - - DIVERSION MEANS - 6" X 100' WELL, 1 HP PUMP.

+ - - NON-IRRIGATION USE - D/I HOUSE.

+ - - OTHER RIGHTS FOR SAME USE - NONE

+ - - REMARKS - - - - -

NO REMARKS FOUND.

+ - - OLD WATER RIGHT NUMBERS - - - - -

NO OLD WATER RIGHT NUMBERS FOUND.

+ - - CONDITIONS OF APPROVAL - - - - -

NO CONCITIONS OF APPROVAL FOUND.

WATER RIGHT NUMBER - A43-10558

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - - - DECREE PLAINTIFF - - - +

+ - - - - DECREE DEFENDANT - - - +

+ - DECREE DATE - +
00/00/0000

+ - - - - AUDIT FIELDS - 07/03/89 WURSTELL

+ - - - - COMMENTS - - - - - NO COMMENTS FOUND

+ - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - -

COURT REPORT FILING - 00/00/0000
OBJECTION FILED DATE - 00/00/0000
RESPONSE FILED DATE - 00/00/0000
CLAIM RECEIVED DATE - 07/03/1989
PROOF DUE DATE - 00/00/0000
LICENSED DATE - 00/00/0000
CLAIMS TAPE ERROR FLG -
FEE EXEMPT FLAG -

FIELD INSPECTION MADE - 00/00/0000
FIELD INSPECTION FLAG -
VERIFIED DATE - 00/00/0000
LAST AMENDED DATE - 00/00/0000
PROOF MADE DATE - 00/00/0000
RECEIPT NUMBER - S008436
POU OWNERSHIP FLAG - Y
NAME CONNECTOR - OR

CIVIL CASE NUMBER - 39576
OLD CASE NUMBER -
OLD JUDICIAL DISTRICT -
TEMPORARY RIGHT - P
WATER DISTRICT -
FEDERAL/STATE INDICATOR - S
PRESUMPTION FLAG -

RP 600120020080

L₀+8 Blk 2

R₀ft River Sub

PROOF
AUG 04 1991

Verified By: pQ
Topo Map/Photo-pQ
ASCC Map
Watermaster Records
NAPP Photos
Field Exam
Other (See Remarks)
County Records
Witness Statements
Project Records
IDWR Records

DATA ENTRY

ENTERED

CHECKED

VERIFIED

SEP 20 1991

CERTIFIED
SEP 29 1991
WATER EXAMINER