

AJ5856NP

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

DATE: AUG-18-1997
PAGE: A-265

RIGHT NUMBER: 43-10581

NAME & ADDRESS: JONES FARMS
HC76 BOX 1120
AMERICAN FALLS ID 83211

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 01/21/1924

POINT OF DIVERSION: T10S R28E S17 SENE Within CASSIA County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 3 HOMES	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within CASSIA County
T10S R28E S17 SENE

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. RP10S28E170000

Claim proofread by: KJ
Date: 9-4

AJ5856NP

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

DATE: AUG-8-1997
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HC76 BOX 1120
AMERICAN FALLS ID 83211

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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PLACE OF USE: DOMESTIC Within CASSIA County
T10S R28E S17 SENE

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

PARCEL NO. RP10S28E170000

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

Claim data entry by: KST

Date: 5/10/97

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: A43-10581
Date Received: 7/18/1989
Receipt No: S008582
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JONES FARMS
Address: HC 76
BOX 1120
AMERICAN FALLS, ID 83211
208-349-5710

2. Date of Priority: JAN 21, 1924

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	28E	17	SE	NE			CASSIA

5. Description of diverting works:
6"X240' WELL

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/3 HOUSES

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	28E	17	SE	NE		DOMEST	

11. Place of use in counties: CASSIA

A43-10581

Page 1

Date: 07/18/89

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MAR 05 1993

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 Organizations:

I do solemnly swear or affirm that I am _____ of
Title

_____, 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

Title and Organization

Date

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

A43-10581

Page

My Commission Expires
2

Date: 07/18/89

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MAR 6 5 1993

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. A43-105 81

Date Received _____

Receipt Number _____

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

1. Name of Claimant (s) Jones Farms - By Kendall Jones Phone (208) 349-5710Mailing Address HC 76 Box 1120 Twin Falls Id. Zip 832112. Date of Priority (Only one per claim) 1-21-1924 Month/Day/Year3. Source of water supply (Check one) (☒ Groundwater or Other () (a) Domestic

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township T-10 Range R-28Section 17, SE 1/4 of NE 1/4 of _____ 1/4, Govt. Lot _____, BM.,County of CassiaAdditional points of diversion if any: none5. 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 6" pipe and is 240 ft in depth

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

For Domestic purposes from 1-1 to 12-31 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 minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership. Stockwater: Type and Number of livestock) Domestic - 3

MAR 05 1989

10. Place of use is: Township: T 10¹⁰ Range R 28
Section 17, NE 1/4 of _____ 1/4, Govt. Lot _____, B.M.,

County of Cassia for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any None

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 ☒ 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 (L)

14. Remarks: None

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 _____

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 ☒

16. Signature (s)

Number of Attachments 2

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

Signature of Claimant (s) _____ Date _____

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am Partner & Operator

of Jones Farms, that I have signed the foregoing

document in the space below as Partner of Jones Farms
Organization Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Kendall P Jones Date 7-6-89

Title and Organization Partner of Jones Farms

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 Mary L. Burdick

Residing at Burley, Idaho

My Commission Expires 5-25-95

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

June 23, 1989

Jones Farms
Kendall Jones
HC 76 Box 1120
American Falls, ID 83211

Claim #1 of 3

RE: SRBA Claim

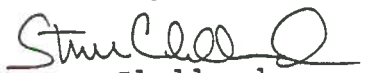
Dear Claimant:

Please find enclosed your claim and your check # 5043 for \$ 75.00 which you submitted to our office. I am returning these pursuant to rule 10,4 of the Department's Adjudication Rules and Regulations. In checking your claim it appears that the following items need clarification:

- () Item #2 - Priority date (day/month/year)
 - (✓) 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 & Notarization *complete Signature Block for Org.*
 - () Improper fee (THE CORRECT FEE IS \$ _____)
 - () Other or Remarks
- Needs 1/4-1/4 Descriptions*

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 and additional late fee of \$ 50.00.

Sincerely,


Steve Clelland
Water Right's Agent

enc:

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. 29, 1989

Re: A43-10580

A43-10581

A43-10582

MERLIN H JONES PARTNERSHIP
HC 76
BOX 1120
AMERICAN FALLS ID 83211

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 your claim(s), please contact this office.

Yours truly,

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

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 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

June 23, 1989

Jones Farms
HC 76 Box 1120
American Falls, ID 83211

Claim #3 of 3

A43-10581
10580

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 5043 for \$ 75.00 which you submitted to our office. I am returning these pursuant to rule 10,4 of the Department's Adjudication Rules and Regulations. In checking your claim it appears that the following items need clarification:

- () Item #2 Priority date (day/month/year)
- (x) Item #4 Point of Diversion Legal Description
- () Item #6 Uses descriptions
- () Item #9 Description of Non-irrigation uses
- (x) Item #10 Place of Use Legal Description
- () Item #16 Signature & Notarization
- () Improper fee (THE CORRECT FEE IS \$ _____)
- () Other or Remarks

Needs 1/4-1/4
Descriptions

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 and additional late fee of \$ 50.00.

Sincerely,


Steve Clelland
Water Right's Agent

enc:

[illegible]

CIVIL CASE NUMBER	-	39578
OLD CASE NUMBER	-	
OLD JUDICIAL DISTRICT	-	
TEMPORARY RIGHT	-	P
WATER DISTRICT	-	
FEDERAL/STATE INDICATOR	-	S
PRESUMPTION FLAG	-	

CERTIFIED
OCT 29 1991
WATER EXAMINER