

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: A41-10088
Date Received: 3/15/1990
Receipt No: S011544
Received By: SCC

APR 2 1990
Department of Water Resources

Southern Region Office **NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: MELVIN NELSON 208-548-2682
Address: P.O. BOX 334
ROCKLAND, ID 83271

2. Date of Priority: APR 10, 1880

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	31E	4	SE	SW			POWER

5. Description of diverting works:
6"X 90' WELL, 1 HP SUBM. PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.070		
DOMESTIC	01/01	12/31	0.040		

7. Total Quantity Appropriated is:
0.110 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
S/300 BEEF D/1 HOUSE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	31E	4	SE	SW		STOCK	
			SE	SW		DOMEST	

A41-10088

Page 1

Date: 03/15/90

MICROFILMED

MAR 12 1993

11. Place of use in counties: POWER

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):

William Wilson

Date:

March 30 1990

Date: _____

State of Idaho)

)

SS.

County of

Power

)

Subscribed and sworn (or affirmed) before me this 30 day

of March 19 90

Kim W. Hartman
Notary Public

Seal

Residing at

American Falls

My Commission Expires

4-13-91

OF IDAHO
MENT OF WATER RESOURCES
h Orchard Street, P.O. Box 83720
ho 83720-0098

SERVICE REQUESTED

- ☐ COVER, LEFT NO ADDRESS
☐ NOT DELIVERABLE AS ADDRESSED
REPORT TO 1000000000
☐ ADAPTED - NOT KNOWN
☐ UNCLAIMED ☐ NOTIFIED
☐ NO SUCH STREET - RETURNED
☐ INSUFFICIENT ADDRESS
☐ NO MAIL RECEIPTAGE
☐ BOX CLOSED NO ORDER

IMPORTANT WATER RIGHT INFORMATION

3/4
43-10088
WEBB BROS
STAR RT BOX 55
DECLD ID 83323

Department of Water Resources

RECEIVED
DEC 10 1998
MAR 05 1998
6012

115 POST-61
046
6717003

41-100.08

AJ5856NP

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

DATE: SEP-24-1997
PAGE: A-36

RIGHT NUMBER: 41-10088

NAME & ADDRESS: MELVIN NELSON
PO BOX 334
ROCKLAND ID 83271

SOURCE: GROUNDWATER

QUANTITY: 0.11 CFS

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

PRIORITY DATE: 04/10/1880

POINT OF DIVERSION: T10S R31E S04 SENESW Within POWER County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.07 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE:	STOCKWATER	Within POWER County
	T10S R31E S04	SESW
	DOMESTIC	Within POWER County
	T10S R31E S04	SESW

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
S/300 BEEF D/1 HOUSE

Decreed 7-24-98
jk

DATE: 07/15/97
PAGE: 135

TOTAL DIVERSION: 0.11 CFS

Stage: BENEFICIAL USE

POWER County

SE

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: NESE NWSE SWSSE SESE :
: Lt Ac Lt Ac Lt Ac Lt Ac :
: ----- :
: :
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: : NESE NWSE SWSW SESE : :
: : Lt Ac Lt Ac Lt Ac Lt Ac : :
: : ----- : :
: : : : : : : :

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POWER

exp

NONE

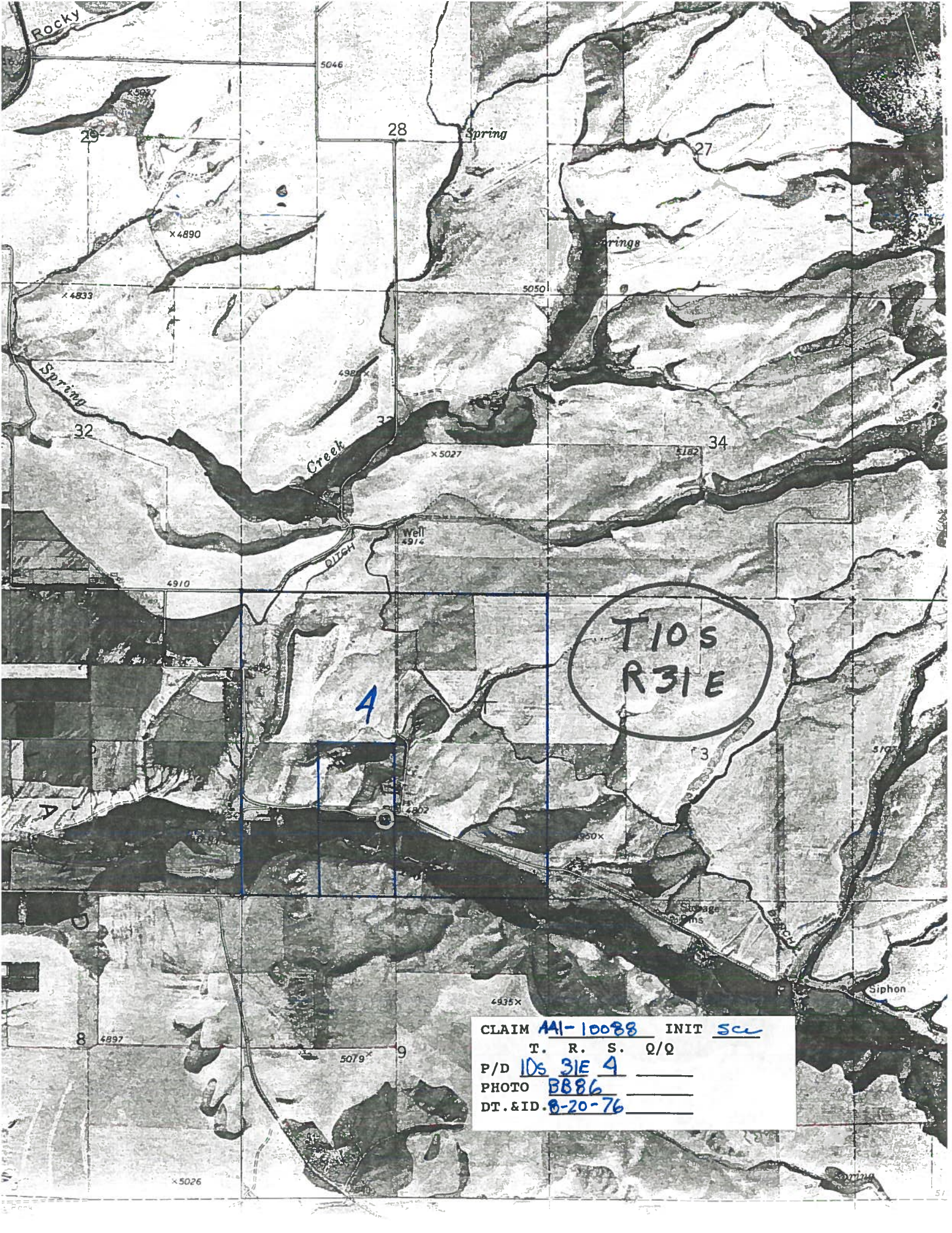
Objection Filed Date:

Field Inspection Flag:
Presumption Flag:

05/29/97 D JONES

DATA ENTERED BY 300
DATE 9-23-97

light change Exam 86,
light on BB line.
base of Q Q
and near
vent
for
9/19/91



T10S
R31E

4

CLAIM 111-10088 INIT scu
T. R. S. Q/Q
P/D 10s 31E 4
PHOTO BB86
DT. & ID. 8-20-76

DATE: 05/06/98
PAGE: 19

TOTAL DIVERSION: 0.11 CFS

Stage: BENEFICIAL USE

POWER County

5

D

Non-Irrigation Uses: 1 HOME

Other Rights: NONE

Conditions of Approval:

- THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
- DETERMINATION OF HISTORICAL BENEFICIAL USE.
- THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
- GALLONS PER DAY.

Remarks: EXP S/300 BEEF D/1 HOUSE

Dates: **Exam Made Date:** 07/15/1994

Verified Date:

Objection Filed Date:

Misc: **Water District Number:**

Field Inspection Flag:

Presumption Flag:

CLAIM NO. A41-10088

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
CLAIM VERIFICATION EXAM SHEET
FOR DOMESTIC AND STOCKWATER CLAIMS IN PLACE OF A CVR

1. ☒ No Change NAME:
☐ NEW OWNER: _____
☒ No Change ADDRESS:
☐ NEW ADDRESS: _____
- ☒ DATA ENTRY STANDARDS CHECKED?
2. ☒ No Change - DATE OF PRIORITY: No Field Verification Needed.
☐ CHANGE- Priority date, per claimant, is _____.
(if the priority date, based on your exam, seems questionable,
explain in COMMENTS.)
3. ☒ No Change - SOURCE:
☐ CHANGE - Different Source found: _____.
4. ☒ No Change - POINT OF DIVERSION:
☒ Point of diversion is different than the claim
New P/D: Twp. _____, Rge. _____, Sec. _____, SE 1/4 NE 1/4 SW 1/4

Note: If the 10-acre tract is shown on the claim, then
verification of the 10-acre parcel is needed. Otherwise the
10-acre tract is not required, unless the source is a spring.

5. ☒ No Change - DESCRIPTION OF DIVERTING WORKS:
☐ Incomplete desc., complete items missing, IF KNOWN.
HP of pump _____ Static water level _____ Well depth _____
Casing size _____ Pumping water level _____ Gravity flow _____
Method of irr. _____
6. ☒ No Change - WATER USES:
☐ Different uses, (list uses found).
- | | | | | |
|-----------|------------|----------|------------------|----------|
| Use _____ | From _____ | To _____ | Amount _____ cfs | _____ af |
| Use _____ | From _____ | To _____ | Amount _____ cfs | _____ af |
7. ☒ No Change - TOTAL VOLUME:
☐ Change found, The new total is, -- -- -- _____ cfs _____ af
8. N/A
9. ☒ No Change - NON-IRRIGATION USES: Completed on claim
☐ Incomplete on claim - Exam found:
Domestic - No. of homes _____ Stockwater - No. of head _____
Other: _____
- ☒ DATA ENTRY STANDARDS (correct to..)

10. ☒ No Change - PLACE OF USE: (If changed, list below.)

Use	Twp.	Rge.	Sec.	1/4	1/4	1/4
Stock					NE	SW
Dom					NE	SW

11. ☐ Checked: N/A

12. ☐ Checked: N/A

13. ☒ No change - OTHER RIGHTS FOR SAME USE:
☐ CHANGE: _____

14. ☒ None REMARKS: (copy existing remarks to comments in "R")
☐ Add the following standard remarks:
LIST STANDARD REMARKS FOR THE RECOMMENDATION:

15. ☒ BASIS OF CLAIM VERIFIED AS: D - L - P - S - J (circle one)

COMMENTS: (pertinent to field examination)

ATTACHMENTS: Attached to This Form. Attachments are in Permit File.

PHOTOS ☐

MAP ☒

SYSTEM DIAGRAM ☐

DATE EXAM CONDUCTED: 7-15-94

FIELD EXAMINER: Steve Clelland

Signature Steve Clelland

REVIEWED BY/DATE: see 9/19/97

DATA ENTRY BY/DATE: _____

VERIFICATION BY/DATE: _____