

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: A41-10086
Date Received: 3/13/1990
Receipt No: S011514
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: R. SCOTT WESTON 208-548-2279
Address: 4448 STATE HWY. 37
ROCKLAND, ID 83271

AND/OR

Name: HERBERT R. WESTON 208-548-2279
Address: 4448 STATE HWY. 37
ROCKLAND, ID 83271

2. Date of Priority: JAN 01, 1935

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	30E	24	NE	NE	SE		POWER

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		

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 & SHOP

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	30E	24	NE SE		DOMEST	

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): R Scott Weston Date: 3-13-90

Date: _____

State of Idaho)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 13th day
of March 19 90
Shirley
Notary Public

Seal

Residing at Twin Falls, Idaho

My Commission Expires December 7, 1994

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

me

7/9/99 see
met w/ Westons,
this ret okay.

Stage: BENEFICIAL USE

POWER County

MS

POU County: POWER

Other Rights: NONE

N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
- DETERMINATION OF HISTORICAL BENEFICIAL USE.
N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
- GALLONS PER DAY.

Objection Filed Date:

Field Inspection Flag:
Presumption Flag:

7/9/99 see
met w/ Westons,
this ret okay.

CLAIM NO. AAI-10086

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. _____, _____ 1/4 _____ 1/4 _____ 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

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:

N11 N13

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: 7-21-94

FIELD EXAMINER:

Signature

STEVE Clelland
Steve Clelland

REVIEWED BY/DATE:

DATA ENTRY BY/DATE:

VERIFICATION BY/DATE:

6/9/99 SCW

12/7
13/18

See
Exam
7-21-94

A41-10086

T10S

R30E

R31E

