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

RECEIVED
APR 2 1990
Department of Water Resources
Southern Region Office

Ident. Number: A41-10089
Date Received: 3/15/1990
Receipt No: S011544
Received By: SCC

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: SEP 20, 1970

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County
10S	31E	8	NE NE		POWER

5. Description of diverting works:
   6"X 125' WELL, ½ 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		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
   S/250 BEEF

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	31E	8	NE NE		STOCK	

11. Place of use in counties: POWER

MICROFILMED
MAR 0 2 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 Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Melvin Nelson 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

MICROFILMED
MAR 0 2 1993

June 11, 1999

RECEIVED
JUL - 8 1999
Department of Water Resources

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: July 9, 1999

Water right number: 41-10089

MELVIN NELSON
PO BOX 334
ROCKLAND ID 83271

Daytime Telephone Number:
Evening Telephone Number:

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:

X **I AGREE with this proposed recommendation; no changes need to be made.**

DATE: 6/28/99 **SIGNATURE:** Melvin Nelson
Please print your name: Melvin Nelson

IDWR Southern Regional Office, 1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380, (208) 736-3033

VERIFIED BY _____

AJ0749NP
No. R41-10089

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

DATE: 06/11/99
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM	USE PERIOD TO	DIVERSION RATE	DIVERSION VOLUME
C	MELVIN NELSON PO BOX 334 ROCKLAND ID 83271 (208) 548-2682	09/20/1970	STOCKWATER	01-01	12-31	0.07 CFS	
					TOTAL DIVERSION:	0.07 CFS	

Water Source: GROUNDWATER Tributary to: Stage: BENEFICIAL USE

Point(s) of Diversion: T10S R31E S08 NENENE POWER County

Place of use Legal Description for: STOCKWATER

		NE				NW				SW				SE			
		NENE	NWNE	SWNE	SENE	NENW	NWNW	SWNW	SENW	NESW	NWSW	SWSW	SESW	NESE	NWSE	SWSE	SESE
T	R S	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac
10S	31E 8	S															

POU County: POWER

Other Rights: NONE

Conditions of Approval:
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.

Remarks: EXP S/250 BEEF

Dates: Exam Made Date: Verified Date: 06/11/1999 Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:
Presumption Flag:

CLAIM NO. 41-10089

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

OK — observed in Summer of 1994 by Sca

1. |_| No Change NAME:
   |_| NEW OWNER: _____
   |_| No Change ADDRESS:
   |_| NEW ADDRESS: _____
   |X| 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. |X| No Change - POINT OF DIVERSION:
   |_| Point of diversion is different than the claim
   New P/D: Twp. ____, Rge. ____, Sec. ____, NE 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: _____
   |X| DATA ENTRY STANDARDS (correct to..)

N11 N13

6/10/99 Sca

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:

_____

_____

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: _____

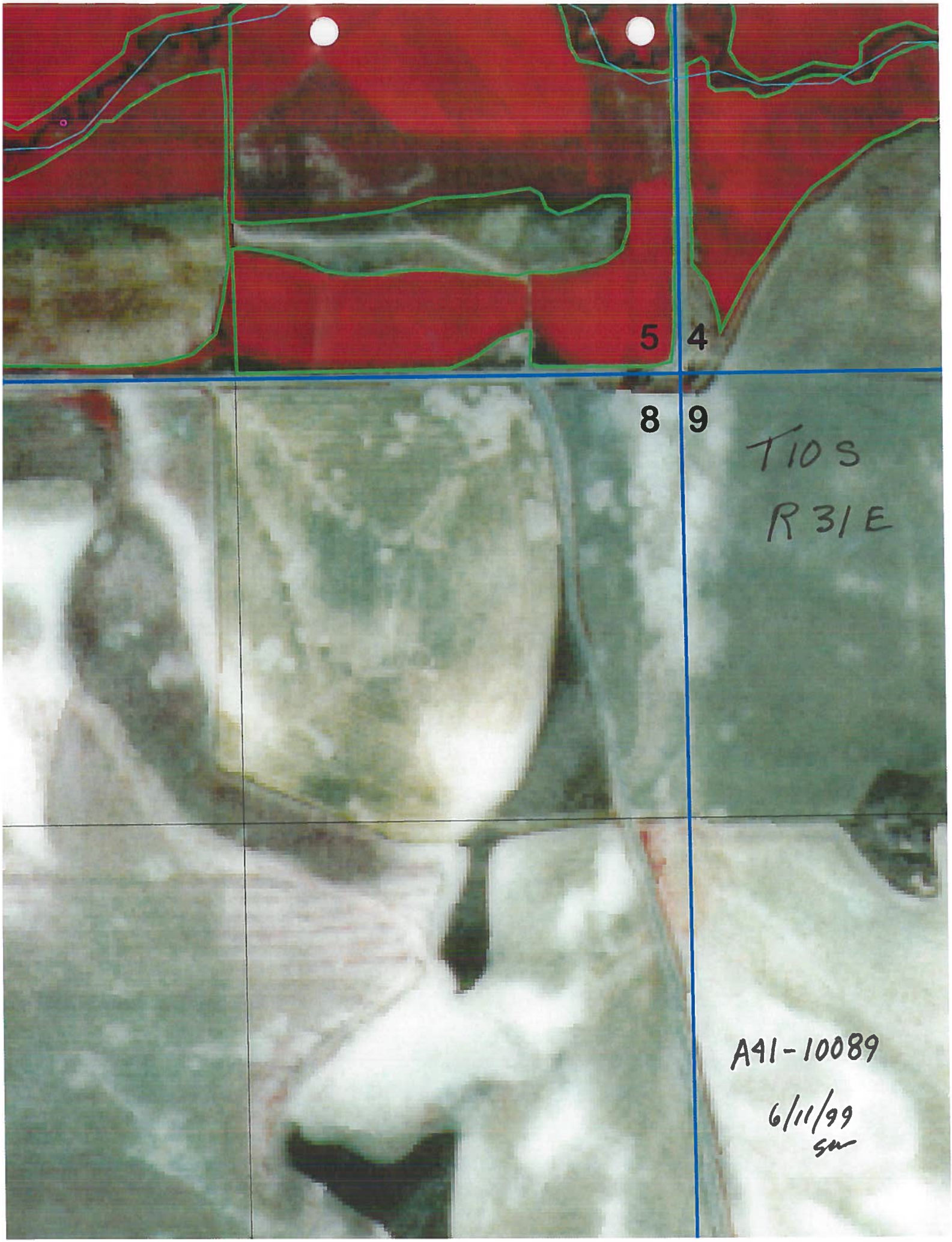
FIELD EXAMINER: _____

Signature _____

REVIEWED BY/DATE: _____

DATA ENTRY BY/DATE: _____

VERIFICAITON BY/DATE: _____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