

AJ5856NP

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

DATE: SEP-29-1997

PAGE: A-48

RIGHT NUMBER:

41-10100

NAME & ADDRESS:

RONALD L NELSON
PO BOX 207
ROCKLAND ID 83271-0207

SOURCE:

GROUNDWATER

QUANTITY:

0.11 CFS

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

PRIORITY DATE:

04/30/1880

POINT OF DIVERSION:

T09S R30E S14

SWSE

Within POWER County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE

STOCKWATER

DOMESTIC 1 HOME

PERIOD OF USE

01-01 12-31

01-01 12-31

QUANTITY

0.07 CFS

0.04 CFS

PLACE OF USE:

STOCKWATER

Within POWER County

T09S R30E S14

SWSE

DOMESTIC

Within POWER County

T09S R30E S14

SWSE

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
DOMESTIC, 1 HOUSE; STOCKWATER, 300 BEEF
PARCEL NO. RP D1631-02.



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098
Phone: (208) 327-7900 FAX: (208) 327-7866

RECEIVED

APR 02 1998

Department of Water Resources
Southern Region

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

March 11, 1998

RONALD L NELSON
3870 ROCK CREEK RD
AMERICAN FALLS ID 83211

RECEIVED

MAR 20 1998

RE: Snake River Basin Adjudication (SRBA)
Water Right No. 41-10100
Change of Address

*Record Modified.
MAP prepared.*

Department of Water Resources

3-25-98 JS

Dear Water Right Holder:

Mail recently sent to you was returned to us by the Postal Service. They also advised us your address has changed to the above address. We have enclosed the returned mail.

Although we have reached you at the address above, we need your written confirmation this is your correct mailing address before we can change our records.

Please sign your name at the bottom of this letter and return it to this office. Make corrections to your name and address if necessary before returning this letter, **list any other water right claims you have**, and return the letter by March 31, 1998. Thank you for your help.

If your mail delivery address changes in any form, please contact us in writing so we can update our records.

If there has been a change in ownership of the property connected with the water right referenced above, please call this office toll-free at 1-800/451-4129 to obtain a form to make this required change to the claim record.

Sincerely,

S. Sherman

Sally Sherman
Technical Records Specialist
Adjudication Bureau

*partial done
7-24-99
#*

SS:region
Enclosures

The address is correct as shown above or as otherwise changed.

Ronald L Nelson

Claimant Signature

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: A41-10100
Date Received: 3/15/1990
Receipt No: S011544
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: RONALD L. NELSON 208-548-2394
Address: P.O. BOX 207
ROCKLAND, ID 83271

2. Date of Priority: APR 30, 1880

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	30E	14	SW	SE			POWER

5. Description of diverting works:
6"X 150' 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	30E	14	SW	SE		STOCK	
			SW	SE		DOMEST	

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MAR 02 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:
RE-DRILLED IN 1984.

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 _____

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*Lison Farm Home well*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. A41-10100

Date Received

Receipt Number 5011544NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

MAR 14 1990

MAY 14 1991

ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Department of Water Resources
Southern Region OfficeDepartment of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) RONALD L. NELSON Phone (208) 548-2394
Mailing Address P.O. BOX 207 ROCKLAND, IDAHO. Zip 832712. Date of Priority (Only one per claim) APRIL 30th. 1880 Month/Day/Year3. Source of water supply (Check one) (☒) Groundwater or Other () (a) WELL
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township T9S Range 30E
Section 14 , SW 1/4 of SE 1/4 of _____ 1/4, Govt. Lot _____, BM.,
County of POWER

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. Well re-drilled in 1984, 150 feet deep, 6" casing to 80 feet'
1HP submersible pump.

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)
For Stockwater purposes from 1-1 (Both dates are inclusive) to 12-31 amount 0.077. Total quantity claimed 0.11 (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 1 household single ownership.
Stockwater Cattle 300

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10. Place of use is: Township: T9S Range 30EE
Section 14, SW 1/4 of SE 1/4, Govt. Lot _____, B.M.,
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? POWER

12. Do you own the property listed above as place of use? Yes X 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.
(X) None or _____

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)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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 do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Ronald Nelson Date 3/10/90

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 _____)

County of POWER) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this _____ !) TH. _____ day of MARCH 19 90

SEAL

Notary Public Melvin Nelson

Residing at ROCKLAND, IDAHO.

My Commission Expires January 31, 1992

Last Name NELSON Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 02 1993



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 222 Shoshone St. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

02-May-1991 11:05

RONALD L. NELSON
P.O. BOX 207
ROCKLAND, ID 83271

RE: ADJUDICATION CLAIMS: A41-10095, A41-10096, A41-10099, A41-10100

DEAR MR. NELSON:

IN REVIEWING OUR RECORDS, WE FIND THAT WE ARE MISSING THE ORIGINAL DOCUMENTS ON THE ABOVE LISTED ADJUDICATION CLAIMS TAKEN MAY 15, 1990. COULD YOU PLEASE CHECK YOUR PAPERS TO SEE IF YOU HAVE THEM, IF NOT WE ARE ENCLOSING A COMPUTERIZED COPY THAT WE WOULD LIKE FOR YOU TO SIGN AND RETURN THIS OFFICE.

SHOULD YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL OR CONTACT THIS OFFICE.

SINCERELY,

JUDY GIVENS
ADJUDICATION SECRETARY

jg/aa

Enclosures:

RECEIVED

MAY 14 1991

Department of Water Resources
Southern Region Office

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MAR 02 1993

Old (D) Number -

RONALD L.
1 - P.O. BOX 207

City- ROCKLAND
Phone - 208-548-2394

+ - - Stage - -
J - BENEFICIAL USE

+ - - - - Tributary - - -

Stream Index (Blank if no Index Code)

(77) POWER

----- Diversion Rate ----- Diversion Volume -----

0.070
0.040

Capacity - + - Total Consumptive Use - + - KW Usage - +

Description	County
-------------	--------

04 STOCKWATER
43 DOMESTIC

IM. PUMP

HOUSE

NONE

	RE-DRILLED IN 1984.	REMARKS
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- - - Old Water Right Numbers - -
No Old Water Right Numbers found.

.. - Conditions of Approval - -
No Conditions of Approval found.

+ - - - Decree Defendant - - +

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Court Report Filing	-	00/00/0000	Field Inspection Made	-	00/00/0000	Civil Case Number	-	39576
Objection Filed Date	-	00/00/0000	Field Inspection Flag	-		Old Case Number	-	
Response Filed Date	-	00/00/0000	Verified Date	-	00/00/0000	Old Judicial District	-	
Claim Received Date	-	03/15/1990	Last Amended Date	-	00/00/0000	Temporary Right	-	P
Proof Due Date	-	00/00/0000	Proof Made Date	-	00/00/0000	Water District	-	
Licensed Date	-	00/00/0000	Receipt Number	-	S011544	Federal/State Indicator	-	S
Claims Tape Error Flag	-		POU Ownership Flag	-	Y	Presumption Flag	-	
Fee Exempt Flag	-		Name Connector	-			-	

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MAR 02 1993

CLAIM NO. _____

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..)

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MAR 02 1993

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: _____

VERIFICATION BY/DATE: _____

