

AJ5856NP

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

DATE: SEP-29-1997
PAGE: A-74

RIGHT NUMBER: 41-10140

NAME & ADDRESS: NORMAN K MOSS
LOLA R MOSS
PO BOX 214
ROCKLAND ID 83271-0214

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 12/31/1920

POINT OF DIVERSION: T10S R31E S07 NENENW Within POWER County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 1 HOUSE	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within POWER County
T10S R31E S07 NENW

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. RP B0146-00.

DATE: 07/15/97
PAGE: 172

Stage: BENEFICIAL USE

POWER County

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POU County: POWER

Non-Irrigation Uses: ~~DOMESTIC~~, 1 HOUSE

Other Rights: NONE

Remarks: GEN PARCEL NO. RP B0146-00.

Dates: **Exam Made Date:**

Verified Date:

Objection Filed Date:

Misc: **Water District Number:**

Field Inspection Flag:
Presumption Flag:

Audit:	01/21/92	HOSELEY	01/27/92	HOSELEY	03/30/95	POST-STD
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DATA ENTERED BY *SW*
DATE *9-24-77*

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: A41-10140
Date Received: 4/05/1990
Receipt No: E012875
Received By: Sec

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: NORMAN K. MOSS 208-548-2391
Address: P.O. BOX 214
ROCKLAND, ID 83271

OR
Name: LOLA R. MOSS 208-548-2391
Address: P.O. BOX 214
ROCKLAND, ID 83271

2. Date of Priority: DEC 31, 1920

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	31E	7	NE	NE	NW		POWER

5. Description of diverting works:
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/1 HOUSEHOLD

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	31E	7	NE	NW		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): _____ 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 _____

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

Identification No. A41-10140

Date Received 4-5-90

Receipt Number E012875

OK # 1111
25° of 50°

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) NORMAN K. MOSS Phone (208) 548-2391

Mailing Address Box 214 Rockland, Idaho Zip 83271

2. Date of Priority (Only one per claim) 1920 or earlier _____ Month/Day/Year

3. Source of water supply (Check one) (x) Groundwater or Other () (a) _____

which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 10 South Range 31 E.

Section 7, NE 1/4 of NE 1/4 of NW 1/4, Govt. Lot _____, BM.,
(Tax No. 56)

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

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

For domestic purposes from January 1 to December 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 minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) one household

MICROFILMED

MAR 02 1993

10. Place of use is: Township: 10 South Range 31 E.
Section 7, NE 1/4 of NW 1/4, Govt. Lot _____, B.M.,
County of Power 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.
none

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 xx wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of Attachments 0

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

Signature of Claimant (s) Norman K. Moss Date April 3/90

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____, 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 _____ Date _____

Title and Organization _____

State of Idaho/or _____)
County of Power) SS.

Subscribed and sworn (or affirmed) before me this 3 day of April 1990

SEAL

Notary Public Letha Jayce Scherer

Residing at Am Falls, Idaho

My Commission Expires is for Life

Last Name Moss, Norman K. Ident No. _____

Copies: White-State, Yellow-Claimant

NOT RECORDED
MAR 02 1993

Lyle D. Eliassen
Attorney at Law
202 Idaho Street
American Falls, Idaho 83211



Department of Water Resources
50 Shoup Ave. Suite 15
Idaho Falls, Idaho 83401

MICROFILMED
MAR 02 1993





DEPARTMENT OF WATER RESOURCES

Southern Region, 222 Shoshone St. E, Twin Falls, Idaho 83301

(208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

.Apr. 13, 1990

Re: A41-10140
A41-10141

.NORMAN K MOSS
.P O BOX 214
.ROCKLAND ID 83271

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 you claim(s), please contact this office.

Yours truly,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 02 1993

