

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: A41-10191
Date Received: 1/ 7/1992
Receipt No: 5014038
Received By: KXC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MELVIN OSBORN 208-548-2606
Address: 4032 W OSBORN LOOP
AMERICAN FALLS ID 83211
AND/OR
Name: ESTHER OSBORN 208-548-2606
Address: 4032 W OSBORN LOOP
AMERICAN FALLS ID 83211

2. Date of Priority: JAN 1, 1958

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
09S	29E	19	SW	SW	SW		POWER

5. Description of diverting works:
TWO WELLS TIED TOGETHER SERVING ONE HOME.

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		
STOCKWATER	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:
STOCK-50 HEAD RANGE CATTLE; DOMESTIC-ONE HOME WITH YARD.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
09S	29E	19	SW	SW		DOMEST	
			SW	SW		STOCK	

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:
41-10024

14. Remarks:

41-10024 IS A SEPERATE SYSTEM BUT SUPPLIES STOCK WATER TO THE SAME LIVESTOCK. NOT THE SAME HOMES THOUGH.

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 X 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: _____
Esther Osborn Date: 1-7-92

State of Idaho)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 7th day
of January 19 92

Charles S. Sains
Notary Public

Seal

Residing at Twin Falls, Idaho

My Commission Expires July 18, 1995

41-10191

AJ5856NP

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

DATE: SEP-24-1997
PAGE: A-46

RIGHT NUMBER: 41-10191

NAME & ADDRESS: MELVIN OSBORN
ESTHER OSBORN
4032 W OSBORN LOOP
AMERICAN FALLS ID 83211

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 01/01/1958

POINT OF DIVERSION: T09S R29E S19 LOT 4 (SWSWSW) Within POWER County

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

PLACE OF USE: STOCKWATER Within POWER County
T09S R29E S19 Lot 4 SWSW

DOMESTIC Within POWER County
T09S R29E S19 Lot 4 SWSW

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
STOCK-50 HEAD RANGE CATTLE; DOMESTIC-ONE HOME WITH YARD.

✓ sm
9/29/97

Decreed

DATE: 07/15/97
PAGE: 178

USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
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TOTAL DIVERSION: 0.04 CFS

Stage: BENEFICIAL USE

POWER County

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DATA ENTERED BY 5
DATE 9-23-97

9/22/97

DATE: 05/06/98
PAGE: 28

DIVERSION
VOLUME

Stage: BENEFICIAL USE

POWER County

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Uses: 1 HOME

41-10024

of approval: THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A

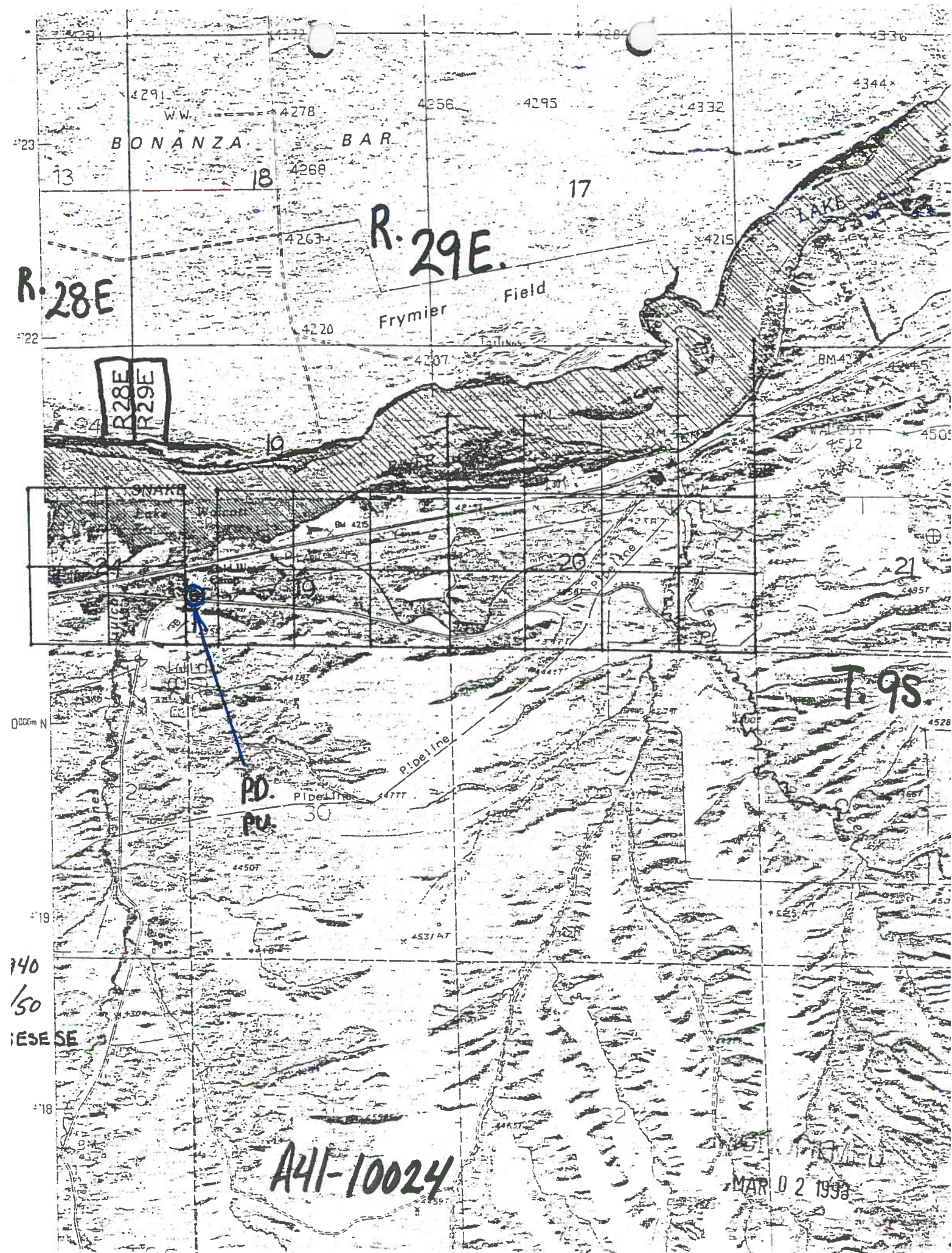
- DETERMINATION OF HISTORICAL BENEFICIAL USE.
- THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.

EXP STOCK-50 HEAD RANGE CATTLE; DOMESTIC-ONE HOME WITH YARD.

Exam Made Date: 06/27/1994 Verified Date: Objection Filed Date:

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



CLAIM NO. A41-10191

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: *add lot # 4*
☒ 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

add lot #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:

6-27-94

Steve Clelland

Steve Clelland

See 9/22/97