

June 11, 1999

**NOTICE OF ERROR
REPLY**

RECEIVED

JUN 22 1999

Department of Water Resources
Southern Region

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: 41-10225

LEROY G HAIGH
BARBARA A HAIGH
3708 REGISTER RD
AMERICAN FALLS ID 83211

Daytime Telephone Number:

Evening Telephone Number: 548-2647

- 41-10225
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:

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

DATE: 6/20/99

SIGNATURE:

Please print your name:

LEROY G. HAIGH

Barbara A. Haigh

SRBA SOUTHERN

123

RECEIVED

JUN 22 1999

Department of Water Resources
Southern Region

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1148 BOISE ID

POSTAGE WILL BE PAID BY ADDRESSEE

IDAHO DEPARTMENT OF WATER RESOURCES

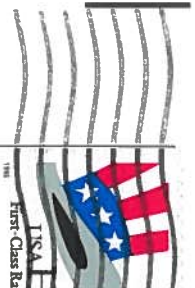
PO BOX 83720

BOISE ID 83707-9815

RECEIVED

JUN 23 1999

Department of Water Resources



AJ5809NP
No. R41-10225

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 06/10/99
PAGE: 3

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	LEROY G HAIGH 3708 REGISTER RD AMERICAN FALLS ID 83211 (208) 220-2130	06/10/1994	DOMESTIC	01-01 12-31	0.04 CFS	
				TOTAL DIVERSION:	0.04 CFS	

C BARBARA A HAIGH
3708 REGISTER RD
AMERICAN FALLS ID 83211
(208) 220-2130

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion:

T09S R30E S07

NENENW

POWER County

Place of use Legal Description for: DOMESTIC

	NE	NW	SW	SE
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
09S 30E 7	: D	:	:	:

POU County: POWER

Non-Irrigation Uses: DOMESTIC 1 HOME

Other Rights: NONE

Dates: Exam Made Date: 05/18/1995

Verified Date: 05/23/1995

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:
Presumption Flag:

ML
4/13

10/25/99
Sc

Doc
6-10-99

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: **A41-10225**
Date Received: 11/ 9/1994
Receipt No: S017537
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: LEROY G HAIGH 208-220-2130
Address: 3708 REGISTER RD
AMERICAN FALLS ID 83211

OR

Name: BARBARA A HAIGH 208-220-2130
Address: 3708 REGISER RD
AMERICAN FALLS ID 83211

2. Date of Priority: JUN 10, 1994

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
09S	30E	7	NE	NW			POWER

5. Description of diverting works:

6"X 260' WELL, 2 HP PUMP, 1" PIPELINE TO HOUSE

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:

DOMESTIC 1 HOME

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
09S	30E	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. A41-10225

Date Received _____

Receipt Number 5017537

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

NOV 04 1994

NOV 02 1994

Department of Water Resources
Southern Region Office

ACQUIRED UNDER STATE LAW

Department of Water Resources
Eastern District Office

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) LEROY G. OR BARBARA A. Naigh Phone (208) 220 2130

Mailing Address 3708 REGISTER RD, AM. FALLS, ID Zip 83211

2. Date of Priority (Only one per claim) 6/10/94 Month/Day/Year

3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source

4. Location of point of diversion is: Township 9S Range 30E
Section 7, _____ 1/4 of NE 1/4 of NW 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. 6" well, 260' ft deep, 2 hp pump submersible, 1 1/2" pipe to house

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

For HOME & LAWN purposes from 1-1 to 12-31 amount 0.04 (cfs)

For _____ purposes from _____ to _____ amount _____
(Both dates are inclusive)

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 THREE bedroom home

10. Place of use is: Township: 9 S Range 30 E
Section 7, NE 1/4 of NW 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) [Signature] Date 10/31/94

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.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 31st day of October 19 94

SEAL

Notary Public [Signature]

Residing at American Falls

My Commission Expires May 21, 1998

Last Name _____ Ident No. A41-10225

Copies: White-State, Yellow-Claimant

6/9/94

COMMUNICATION DOCUMENTATION

Claim No. A41-10225

This form is to be used to document public record information requests regarding any SRBA claim or claims. The form may also be used to document IDWR communications requesting information regarding any SRBA claim or claims when the request is not made in writing or the claim verification report is not readily available to document the request. This form is to be filed in all relevant claim files or a central office file.

IDWR Employee/Agent _____ Date _____

Contact Person(s) _____

Nature of Contact _____

Substance of Communication

Judy -

Here is the NOA
I talked to you about.
He put the well in in
June, 94 & is selling
his property. I told
him he would only need
to pay \$25.00 to file.

Go

CLAIM NO. A41-10225

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. _____, NE 1/4 _____ 1/4 _____ 1/4
add 10 AC.
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 DOMESTIC From 1-1 To 12-31 Amount .04 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: NONE

14. ☐ None REMARKS: (copy existing remarks to comments in "R")
☐ Add the following standard remarks:
LIST STANDARD REMARKS FOR THE RECOMMENDATION:

DRILLING PERMIT No. 41-94-S-0001-000

15. ☒ BASIS OF CLAIM VERIFIED AS: D - L - P - S - (J) (circle one)

COMMENTS: (pertinent to field examination)

Found mailbox as "HAIGH, 3708" REGISTER RD.

ATTACHMENTS: Attached to This Form. Attachments are in Permit File.

OPQ: BB35

PHOTOS

MAP

SYSTEM DIAGRAM

☐
☒
☐

opa

☐
☐
☐

DATE EXAM CONDUCTED: 5-18-95

FIELD EXAMINER:

STEVE CLELLAND

Signature

Steve Clelland

REVIEWED BY/DATE:

SW 5-23-95

DATA ENTRY BY/DATE:

S

VERIFICATION BY/DATE:

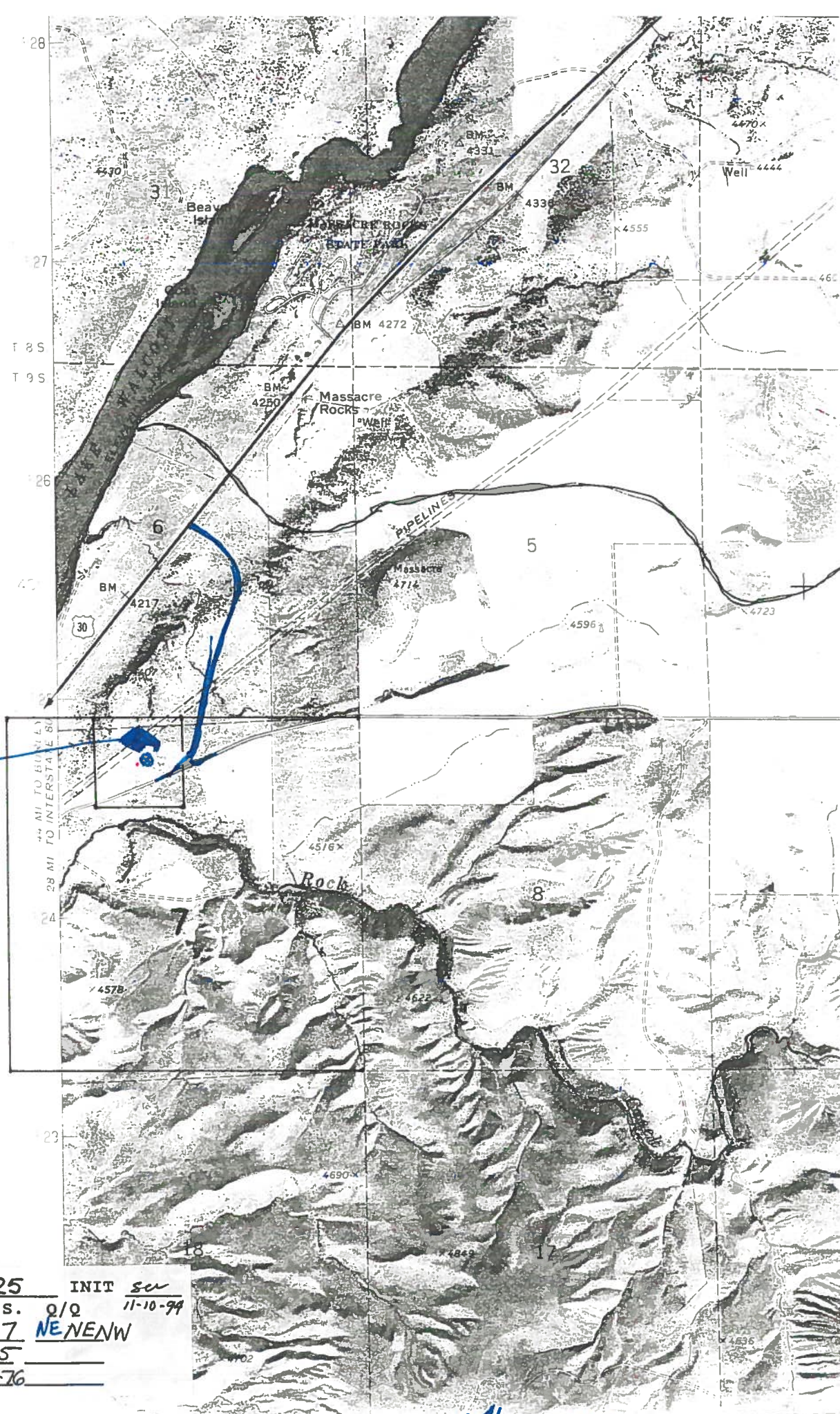
T8S
T9S

R30E

POD
&
POU

w/NAPP BB35-SW
#381-20
7-24-87

CLAIM A41-10225 INIT SW
T. R. S. Q/Q 11-10-94
P/D QS 30E 7 NE NENW
PHOTO BB 35
DT.&ID. 8-20-76



A41-10225

3

DIVERSION
VOLUME

0.04 CFS

0.04 CFS

Stage: BENEFICIAL USE

POWER County

SE

“ ” “ ” “ ”

Other Rights: NONE

Verified Date: 05/23/1995

Field Inspection Flag:
Presumption Flag:

Comments: Date: 05/23/1995 User-ID: SCELLAN Subject: DRILLING PERMIT
41-94-S-0001-000

Audit: 05/23/95 SCLELLAN