

FEB-26-1997
0006

1

RIGHT NUMBER: 72-10131

NAME AND ADDRESS: THOMAS M JACOB
PO BOX 31
~~BOX 31~~
CHALLIS ID 83226

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 06/01/1981

POINT OF DIVERSION: T14N R19E S10 SWSWSE Within CUSTER County

PURPOSE AND
PERIOD OF USE: PURPOSE OF USE
DOMESTIC 1 HOME PERIOD OF USE
01-01 12-31

QUANTITY
0.04 CFS

PLACE OF USE: DOMESTIC
T14N R19E S10 SWSWSE Within CUSTER County

OTHER MATTERS 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. RP14N19E108442A

RT

DATE: 01/17/97
PAGE: 38

DIVERSION
VOLUME

USE PERIOD	DIVERSION
FROM	RATE
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01-01 12-31	0.04 CFS

DIVERSION:	0.04 CFS

TOTAL DIVERSION:

Stage: BENEFICIAL USE

CUSTER County

Place of use	Legal Description for: MF	SE	NW	SW
Domestic	DOMESTIC			

[illegible]

Other Rights: NONE.

Audit:	06/28/93	SMITH	03/30/95	POST-STD	01/14/97	DS1-PROD
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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: A72-10131
Date Received: 11/29/1989
Receipt No: S010553
Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: THOMAS M. JACOB 208-879-2314
Address: BOX 31
CHALLIS, ID 83226

2. Date of Priority: JUN 01, 1981

3. Source: GROUNDWATER. Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
14N	19E	10	SW	SW	SE		CUSTER

5. Description of diverting works:
6" X 300' WELL WITH PUMP.

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 HOUSE.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
14N	19E	10	SW	SE		DOMEST	

11. Place of use in counties: CUSTER

A72-10131

Page 1

Date: 11/29/89

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MAR 19 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): _____ 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

CIVIL CASE NUMBER: 39576

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEMIdentification No. 472-10131
Date Received 11-28-89
Receipt Number 5010553NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

NOV 27 1989

RECEIVED

NOV 28 1989

Department of Water Resources
Western Regional OfficeACQUIRED 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 Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Thomas M. Jacob Phone (208) 879-2314
Mailing Address Box 31 Challis, Idaho Zip 832262. Date of Priority (Only one per claim) June 1981 Month/Day/Year3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
which is tributary to (b) _____ Name or kind of source4. Location of point of diversion is: Township 14 N Range 19 E
Section 10, SW 1/4 of SW 1/4 of SE 1/4, Govt. Lot _____, BM.,
County of Custer

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" casing, 300' deep (depth uncertain as I am not original owner), submersible pump, pipe to house, 2 outside hydrants (freezes/faucets) on line.

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 .04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____7. Total quantity claimed .04 (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 home

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10. Place of use is: Township: 14N Range 19E

Section 10, 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? Custer

12. Do you own the property listed above as place of use? Yes ✓ 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) Thomas H. Jones Date 11-24-89

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 Custer)

SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 24th day of November 19 89

SEAL

Notary Public Leann T. Stevenson

Residing at Charles

My Commission Expires lifetime

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 19 1993



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

Nov. 30, 1989

Re: A72-10131

THOMAS M JACOB
BOX 31
CHALLIS ID 83226

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 your claim(s), please contact this office.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Judy Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 19 1993

WATER RIGHT NUMBER - A72-10131

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

+ - - - - LAST NAME - - - - +

+ - FIRST NAME - - - +

+ - - - - ADDRESS - - - - - +

*** C - CURRENT OWNER ***
JACOB

THOMAS M.

1 - BOX 31
2 -
3 -

CITY- CHALLIS

PHONE - 208-879-2314

STATE- ID ZIP- 83226

+ - - PRIORITY DATE - - +
06/01/1981

+ - - - REGION - - - +
17 SOUTHERN

+ - - - STAGE - - - +
J - BENEFICIAL USE

+ - - - STATUS - - - - +

+ - - - - SOURCE - - - - - +
GROUNDWATER

+ - - - - TRIBUTARY - - - - - +

+ - - - - POINT OF DIVERSION - - - - - +
TWN RNG SEC TRACT LOT RFLG COUNTY

14N 19E 10 SW SW SE (37) CUSTER
STREAM INDEX (BLANK IF NO INDEX CODE)

+ - - - - DESCRIPTION

PERIOD FROM PERIOD TO

DIVERSION RATE DIVERSION VOLUME

43 - DOMESTIC

01/01

12/31

0.040

+ - - TOTAL DIV. RATE - - + + - TOTAL DIV. VOLUME - + + - TOTAL DIV. CAPACITY - + + - TOTAL CONSUMPTIVE USE - + + - KW USAGE - +
0.040 0.040 0.0

+ - - - - TWN

RNG

SEC

TRACT

LOT

ACRES

PLACE OF USE

DESCRIPTION

COUNTY

14N

19E

10

SW SE

43 DOMESTIC

+ - - - - DIVERSION MEANS - 6" X 300' WELL WITH PUMP.

+ - - - - NON-IRRIGATION USE - 0/1 HOUSE.

+ - - - - OTHER RIGHTS FOR SAME USE - NONE.

+ - - - - REMARKS - - - - - +
NO REMARKS FOUND.

+ - - - - OLD WATER RIGHT NUMBERS - - - - - +
NO OLD WATER RIGHT NUMBERS FOUND.

+ - - - - CONDITIONS OF APPROVAL - - - - - +
NO CONDITIONS OF APPROVAL FOUND.

+ - - - - DECREE PLAINTIFF - - - - +

+ - - - - DECREE DEFENDANT - - - - +

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NOV 0 1 1994

+ - DECREE DATE - - +
00/00/0000

+ - - AUDIT FIELDS - 11/29/89 WORSTELL 12/20/89 GW-UPD

