

FEB-27-1997
0024

RIGHT NUMBER: 72-10241

NAME AND ADDRESS:

CALVIN HELM
BARBARA HELM
PO BOX 331
~~BOX 331~~
CHALLIS ID 83226

SOURCE:

SPRING

TRIBUTARY: SALMON RIVER

QUANTITY:

0.02 CFS
0.02 CFS

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

PRIORITY DATE:

08/01/1900

POINT OF DIVERSION:

T14N R19E S26

Within CUSTER County

SESWNW
SESWNW

(B)
(E)

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

STOCKWATER

STOCKWATER 8/190 CATTLE/HORSES

PERIOD OF USE
01-01 12-31

QUANTITY
0.02 CFS
0.02 CFS

PLACE OF USE:

STOCKWATER
T14N R19E S26

Within CUSTER County
SNW

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. RP14N19E267202A
STOCKWATER, 150 CATTLE/HORSES

KKC
2-27-97

DATE: 01/17/97
PAGE: 28

DIVERSION
VOLUME

SE :
AC :
--

01/14/97 D&S-DSHA

[illegible]

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: A72-10241
Date Received: 12/07/1989
Receipt No: S010620
Received By: lw

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CALVIN HELM 208-879-2341
Address: BOX 331
CHALLIS, ID 83226
AND/OR
Name: BARBARA HELM 208-879-2341
Address: BOX 331
CHALLIS, ID 83226

2. Date of Priority: AUG 01, 1900

3. Source: SPRING Trib. to: SALMON RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
14N	19E	26	SE	SW	NW		CUSTER

5. Description of diverting works:
IN-SPRING STOCK USE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.200		

7. Total Quantity Appropriated is:
0.200 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
S/150 CATTLE/HORSES

A72-10241

Page 1

Date: 12/07/89

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MAR 19 1993

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
14N	19E	26	SW	NW		STOCK	

11. Place of use in counties: CUSTER

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:
CLAIMED .2 CFS FOR 150 STOCK...RECOMMEDED AMOUNT SHOULD BE .05
CFS.

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 SYSTEM

Identification No. 10241
Date Received _____
Receipt Number _____

NOTICE OF CLAIM TO A WATER RIGHT

RECEIVE

DEC 6 1989

Department of Water Resources
Southern Region Office

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) Calvin Helm "or" Barbara Helm Phone (879) 2341

Mailing Address Box 331 Challin Idaho Zip 83226

2. Date of Priority (Only one per claim) 1980 8-1 Month/Day/Year

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

4. Location of point of diversion is: Township 14 N Range 19 E

Section 26 , SE 1/4 of SW 1/4 of NW 1/4, Govt. Lot _____, BM.,

County of _____

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. none

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

For watering cattle purposes from 11/1/31 to 12/31 amount .2 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .2 (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) 150 Cattle Horses

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10. Place of use is: Township: 14 N Range 19 E
Section 26 SW 1/4 of 11 W 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 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 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) Calvin S. Helm Date 11/29/89

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 29th day of November 1989

SEAL

Notary Public Anna Baunhoff

Residing at Anna Baunhoff, Notary Public

My Commission Expires My Commission Expires December 7, 1994

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Customer

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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

Dec. 8, 1989

Re: A72-10241
A72-10242

CALVIN HELM
BOX 331
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 dark ink, appearing to read 'Judy Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 19 1993

WATER RIGHT NUMBER - A72-10241

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

+ - - - - LAST NAME - - - - + + - FIRST NAME - - - - + + - - - - ADDRESS - - - - - +

*** C - CURRENT OWNER ***
HELM

CALVIN

1 - BOX 331
2 -
3 -

CITY- CHALLIS
PHONE - 208-879-2341

STATE- ID ZIP- 83226

HELM

BARBARA

1 - BOX 331
2 -
3 -

CITY- CHALLIS
PHONE - 208-879-2341

STATE- ID ZIP- 83226

+ - - PRIORITY DATE - - +
08/01/1900

+ - - - REGION - - - +
17 SOUTHERN

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

+ - - - STATUS - - - - +

+ - - - - SOURCE - - - - - +
SPRING

+ - - - - - TRIBUTARY - - - - - +
SALMON RIVER

+ - - - - - POINT OF DIVERSION - - - - - +
STREAM INDEX (BLANK IF NO INDEX CODE)

TWN

RNG

SEC

TRACT

LOT

RFLG

COUNTY

POINT OF DIVERSION

14N

19E

26

SE SW NW

(37) CUSTER

+ - - - - DESCRIPTION
04 - STOCKWATER

PERIOD FROM PERIOD TO

DIVERSION RATE

DIVERSION VOLUME

01/01 12/31

0.200

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

0.200

0.0

+ - - - - TWN RNG SEC TRACT LOT ACRES PLACE OF USE - - - - - +
14N 19E 26 SW NW 04 STOCKWATER

DESCRIPTION

COUNTY

(37) CUSTER

+ - - - - DIVERSION MEANS - IN-SPRING STOCK USE

+ - - - - NON-IRRIGATION USE - S/150' CATTLE/HORSES

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

+ - - - - REMARKS - - - - - +
CLAIMED .2 CFS FOR 150 STOCK...RECOMMENDED AMOUNT SHOULD BE .05 CFS.

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

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01 1994

