

FEB-14-1997
0008

RIGHT NUMBER: 72-10317
NAME AND ADDRESS: MILTON SAVARIA
YVONNE SAVARIA
HC 63 BOX 1846
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: 09/14/1983
POINT OF DIVERSION: T13N R19E S11 NWSME Within CUSTER County
PURPOSE AND PERIOD OF USE: PURPOSE OF USE PERIOD OF USE QUANTITY
DOMESTIC 1 HOME 01-01 12-31 0.04 CFS
PLACE OF USE: DOMESTIC Within CUSTER County
T13N R19E S11 SWNE

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. RP000870000118A

OWNER
CODE

NAME & ADDRESS

PRIORITY
DATE

WATER USE

USE PERIOD
FROM TO

DIVERSION
RATE

DIVERSION
VOLUME

C MILTON SAVARIA
C YVONNE SAVARIA
HC 63 BOX 1846
CHALLIS ID 83226
(208) 879-4646

09/14/1983 DOMESTIC

01-01 12-31

0.04 CFS

0.04 CFS

TOTAL DIVERSION:

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

T13N R19E S11 NWSWNE

CUSTER County

Point(s) of Diversion:

Place of use Legal Description for: DOMESTIC

		NE		NW		SW		SE	
NENE NWNE SWNE SENE		: NENW NWNW SWNW SENW		: NESW NWSW SWSW SESW		: NESE NWSE SWSE SESE			
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			
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13N 19E 11 :		: D :		:		:		:	

POU County: CUSTER

Non-Irrigation Uses: 1 HOME

Other Rights: NONE

Conditions of Approval:

N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A

- DETERMINATION OF HISTORICAL BENEFICIAL USE.

N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000

- GALLONS PER DAY.

Remarks: EXP PARCEL NO. RP000870000118A

Dates: Exam Made Date: Verified Date: Objection Filed Date:

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

Comments: Date: 01/14/1997 User-ID: DS1-PROD Subject: D&S 1 HOME UPDATE

USE-NOT-IRRIGATION FIELD TEXT REPLACED WITH "1 HOME".

CONDITION CODES N11 AND N13 ADDED IF NOT ALREADY PART OF RECORD.

ANY GEN REMARK CHANGED TO AN EXP REMARK.

Audit: 07/07/93 SMITH 03/30/95 POST-STD 01/14/97 DS1-PROD

✓
2/13/97

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: A72-10317
Date Received: 12/19/1989
Receipt No: S010711
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MILTON SAVARIA 208-879-4646
Address: HC 63, BOX 1846
CHALLIS, ID 83226

AND/OR

Name: YVONNE SAVARIA 208-879-4646
Address: HC 63, BOX 1846
CHALLIS, ID 83226

2. Date of Priority: SEP 14, 1983

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
13N	19E	11	NW	SW	NE		CUSTER

5. Description of diverting works:
6"X100' WELL, 3/4HP 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 HOUSEHOLD

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
13N	19E	11	SW NE		DOMEST	

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:

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. _____

Date Received _____

Receipt Number _____

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) MILTON SAVARIA OR YVONNE SAVARIA Phone () 879-4646Mailing Address HC63 Box 1846 Challis Idaho Zip 832262. Date of Priority (Only one per claim) 9-14-83 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) well
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township 13-n Range 19-e
Section 11, nw 1/4 of sw 1/4 of ne 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 To House 100' deep 6" casing 3/4 horse

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 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 minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 Household

RECEIVED

DEC 18 1989

Department of Water Resources
Southern Region Office

MICROFILMED

MAR 19 1993

10. Place of use is: Township: 13 n Range 19 E

Section 11 SW 1/4 of NE 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.
(☒) 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) Milton Savaria Date 11-14-89

Date _____

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

of _____, that I have signed the foregoing

document in the space below as _____ of _____

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 ID)

County of Custer)

SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 14 day of Nov 19 89

SEAL

Notary Public John Dale Carlson

Residing at Boise ID

My Commission Expires 85607 9/2/94

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

Dec. 21, 1989

Re: A72-10317

MILTON SAVARIA
HC 63 BOX 1846
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:

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MAR 19 1993

OLD CO) NUMBER -

CITY- CHALLIS

NO CONDITIONS OF APPROVAL FOUND.

4661 0 104

