

MAR-03-1997
0022

RIGHT NUMBER:

72-10387

NAME AND ADDRESS:

RUTH ROBINSON
GLENN ROBINSON
PO BOX 45
CHALLIS ID 83226

SOURCE:

GROUNDWATER

QUANTITY:

0.06 CFS

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

PRIORITY DATE:

05/03/1983

POINT OF DIVERSION:

T13N R19E S12
S11

Within CUSTER County

SWNE
SWNE

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE
STOCKWATER
DOMESTIC 1 HOME.

PERIOD OF USE
01-01 12-31
01-01 12-31

QUANTITY
0.02 CFS
0.04 CFS

PLACE OF USE:

STOCKWATER
T13N R19E S12
S11

Within CUSTER County

SWNE
SWNE

DOMESTIC

T13N R19E S12
S11

Within CUSTER County

SWNE
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. 00069000010C
STOCKWATER 4 HORSES

DATE: 01/17/97
PAGE: 28

DIVERSION
VOLUME

0.06 CFS

SE	:
AC	:
--	:

SE	AC	--	
..	..	..	..

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: A72-10387
Date Received: 1/05/1990
Receipt No: S010855
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: GLENN ROBINSON 208-879-2209
Address: P.O. BOX 45
CHALLIS, ID 83226
OR
Name: RUTH ROBINSON 208-879-2209
Address: P.O. BOX 45
CHALLIS, ID 83226

2. Date of Priority: MAY 03, 1983

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

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

5. Description of diverting works:
6" WELL, 1HP 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		
STOCKWATER	01/01	12/31	0.020		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 HOUSE, S/4 HORSES

A72-10387

Page 1

Date: 01/05/90

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10. Place of Use:

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

14. Remarks:
CLAIMANT REFERENCED PERMIT 72-07264 WHICH HAS LAPSED.

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 FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

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.

RECEIVED

JAN 5 1990

Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Glenn and/or Ruth Robinson Phone (208) 879-2209
Mailing Address P.O. Box 45 Challis Id Zip 832262. Date of Priority (Only one per claim) 5-3-83 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 13 N Range 19 E
Section 11 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. 6 in well casing 1 horse pump

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

For Domestic purposes from 1/1 to 12/31 amount .04 (cfs)
(Both dates are inclusive)
For Stockwater purposes from 1/1 to 12/31 amount .027. Total quantity claimed .06 (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) DL House, 5/4 Horses

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10. Place of use is: Township: 13 N Range 19 E
Section 11, SW 1/4 of NE 5th 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.
(u) None or Challis Irrigation for Irrigation

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 72-7264 (Permit)

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) Loth Robinson Date 1/4/90

_____ 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 4th day of January 19 90

SEAL

Notary Public Edith M. Beck

Residing at Challis

My Commission Expires 3-21-92

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 19 1993

State- Zip-

+ - - Audit Fields -

[illegible]

Proof Due Date	-	00/00/0000	Field Exam Made	-	00/00/0000	Field Exam Fee	-
Approved/Denied	-	08/22/1989	Protested Date	-	00/00/0000	Swan Falls	-
Proof Made Date	-	00/00/0000	Hearing Date	-	00/00/0000	Temporary Right	-
Start Work Date	-	00/00/0000	Verified Date	-	00/00/0000	DLE/Carey Act	-
Order Show Cause	-	00/00/0000	Receipt Number	-	-	Water District	-
Licensed Date	-	00/00/0000	Appl Received	-	00/00/0000	Transfer/Amended	-
Decree Date	-	00/00/0000					

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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

Jan. 9, 1990

Re: A72-10386

A72-10387

GLENN ROBINSON
P O BOX 45
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 - A72-10397 PREFIX TRANSLATION: ADJUDICATION CLAIM OLD (D) NUMBER -
+ - - - - LAST NAME - - - - + - FIRST NAME - - - - + - - - - ADDRESS - - - - -

*** C - CURRENT OWNER ***
ROBINSON

GLENN

1 - P.O. BOX 45

2 -

3 -

CITY- CHALLIS

PHONE - 208-879-2209

1 - P.O. BOX 45

2 -

3 -

CITY- CHALLIS

PHONE - 208-879-2209

ROBINSON

RUTH

STATE- ID ZIP- 83226

STATE- ID ZIP- 83226

+ - - - - PRIORITY DATE - - - + - - - - REGION - - - +
05/03/1983 17 SOUTHERN

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

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

TWN 13N 19E 12 SW NE (37) CUSTER

+ - - - - CODE DESCRIPTION PERIOD FROM PERIOD TO WATER USE DIVERSION RATE DIVERSION VOLUME

43 - DOMESTIC 01/01 12/31 0.040
04 - STOCKWATER 01/01 12/31 0.020

+ - - - - TOTAL DIV. RATE - + - TOTAL DIV. VOLUME - + - TOTAL DIV. CAPACITY - + - TOTAL CONSUMPTIVE USE - + - KW USAGE - +
0.060 0.0

+ - - - - TWN 13N 19E 12 SW NE 12 SW NE 12 SW NE PLACE OF USE CODE DESCRIPTION COUNTY

13N 19E 12 SW NE 04 STOCKWATER (37) CUSTER
13N 19E 12 SW NE 43 DOMESTIC (37) CUSTER

+ - - - - DIVERSION MEANS - 6" WELL, 1HP PUMP

+ - - - - NON-IRRIGATION USE - D/1 HOUSE, S/4 HORSES

+ - - - - OTHER RIGHTS FOR SAME USE - CHALLIS IRRIG WATER

+ - - - - CLAIMANT REFERENCED PERMIT 72-07264 WHICH HAS LAPSED.

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

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MAY 01 1994

