

MAR-03-1997
0013

1

RIGHT NUMBER: 72-10438
NAME AND ADDRESS: BARBARA C BREEDLOVE
PO BOX 413
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: 01/01/1981
POINT OF DIVERSION: T14N R19E S15 SWNE Within CUSTER County
PURPOSE AND PERIOD OF USE: DOMESTIC 1 HOME 01-01 12-31 0.04 CFS
PLACE OF USE: DOMESTIC T14N R19E S15 SWNE 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. RP14N19E151222A



OWNER
CODE

NAME & ADDRESS

PRIORITY
DATE

WATER USE

USE PERIOD
FROM TO

DIVERSION
RATE

DIVERSION
VOLUME

C BARBARA C BREEDLOVE
PO BOX 413
CHALLIS ID 83226
(208) 879-4347

01/01/1981 DOMESTIC

01-01 12-31

0.04 CFS

0.04 CFS

TOTAL DIVERSION:

Water Source: GROUNDWATER

Tributary to:

Point(s) of Diversion:

T14N R19E S15 S14NE

Place of use Legal Description for: DOMESTIC

NE NW SW SE

NENE N14NE S14NE SENE : NENE NW14 NW14 SENE : NENE NW14 NW14 SENE : SESE : 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 :

14N 19E 15 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. RP14N19E151222A

Dates: Exam Made Date:

Misc: Water District Number:

Verified Date:

Field Inspection Flag:

Presumption Flag:

Objection Filed Date:

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:

07/28/93 SMITH 03/30/95 POST-STD 01/14/97 DS1-PROD



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: A72-10438
Date Received: 1/17/1990
Receipt No: S010980
Received By: _____

DATA ENTERED BY SCC
DATE 1-17-90

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: BARBARA C. BREEDLOVE
Address: P.O. BOX 413
CHALLIS, ID 83226
208-879-4347

2. Date of Priority: JAN 01, 1981

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
14N	19E	15	SW	NE			CUSTER

5. Description of diverting works:
100' WELL, 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 of	Lot	Use	Acres
14N	19E	15	SW	NE		DOMEST	

11. Place of use in counties: CUSTER

A72-10438

Page 1

Date: 01/17/90

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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 _____

Breckton
Box 413
Charles, Id
83026

MICROFILMED
MAR 19 1993

Department of Water Resources
2148 4th Ave. East
Twin Falls, Id 83301



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. A72-10438

Date Received _____

Receipt Number 5010980 SCC

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

JAN 16 1990

ACQUIRED 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) BARBARA C. BREEDLOVE Phone (208) 879-4347

Mailing Address P.O. BOX 413, CHALLIS, IDAHO 83226 Zip 83226

2. Date of Priority (Only one per claim) 1-1-81 Month/Day/Year

3. Source of water supply (Check one) (X) Groundwater or Other () (a) _____

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township T14N Range R19E

Section 15 , sw 1/4 of ne 1/4 of _____ 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/PUMP DEPTH/100 FEET

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

For DOMESTIC purposes from JANUARY 1 to DECEMBER 31 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 minimus

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

MAR 19 1990

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

Section 15, 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 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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of Attachments 0

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Barbara C. Breedlove Date 1-12-90

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 _____)

County of Custer) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 12th day of Jan 19 90

SEAL

Notary Public Ethel M. Peck

Residing at Challis

My Commission Expires 3-21-92

Last Name Breedlove 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

Jan. 26, 1990

Re: A72-10437

A72-10438

.BARBARA C BREEDLOVE
.P O BOX 413
.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 you claim(s), please contact this office.

Yours truly,

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

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 19 1993

