

MAR-03-1997
0021

1

RIGHT NUMBER: 72-10459

NAME AND ADDRESS: WILLIAM N HAMMOND
JOYCE E HAMMOND
PO BOX 829
CHALLIS ID 83226

SOURCE: GROUNDWATER

QUANTITY: 0.05 CFS

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

PRIORITY DATE: 03/01/1980

POINT OF DIVERSION: T14N R19E S34 NWNESE Within CUSTER County

PURPOSE AND PERIOD OF USE: PURPOSE OF USE PERIOD OF USE QUANTITY
DOMESTIC 1 HOME 01-01 12-31 0.05 CFS

PLACE OF USE: DOMESTIC Within CUSTER County
T14N R19E S34 NESE

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. RP14N19E347220A



DATE: 01/17/97
PAGE: 27

DIVERSION
VOLUME

0.05 CFS

Stage: BENEFICIAL USE

CUSTER COUNTY

DOMESTIC

AN

NENE	NUNE	SWNE	SENE
Lt	Ac	Lt	Ac
---	---	---	---

~~POU County: CUSTER~~

Non-Irrigation Uses: 1 HOME

Other Rights: NONE

Conditions of Approval:

of App. Govt. of the State of California

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. RP14N19E347220A

Dates: _____ **Exam Made Date:** _____

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:

Field Inspection

Comments: Date: D1/14/1997 User-ID: DSI-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

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: A72-10459
Date Received: 2/01/1990
Receipt No: S011044
Received By: Adm

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: WILLIAM N. HAMMOND 208-879-4378
Address: P.O. BOX 829
CHALLIS, ID 83226

OR
Name: JOYCE E. HAMMOND 208-879-4378
Address: P.O. BOX 829
CHALLIS, ID 83226

2. Date of Priority: MAR 01, 1980

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	34	NW	NE	SE		CUSTER

5. Description of diverting works:
8" X 120' 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	0.050		

7. Total Quantity Appropriated is:
0.050 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
14N	19E	34	NE SE		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 _____

RECEIVE

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

JAN 29 1990

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

CIVIL CASE NUMBER: 39578

Identification No. 472-10459

Date Received

Receipt Number 5011044Department of Water Resources
Southern Region OfficeNOTICE 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 12 1990

Department of Water Resources
Western Regional Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) William N. Hammond Phone (208) 879-4378Mailing Address PO Box 829, Challis, Id Zip 832262. Date of Priority (Only one per claim) 1 MARCH 1980 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 14 N Range 19 E
Section 34, NW 1/4 of NE 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 with pump - 8" casing - Depth 120 FEET

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

For domestic purposes from 1-1-80 to 12-31 amount .05 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____7. Total quantity claimed .05 (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 household

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MAR 19 1993

1-800-451-4129

10. Place of use is: Township: 14 N Range 19 E
Section 34, NE 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 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 _____

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

Signature of Claimant (s) William N. Hammond Date 2-8-90

Joyce E. Hammond Date 2-8-90

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 22 day of January 19 90

SEAL

Notary Public Mae Kopp

Residing at Challis Idaho

My Commission Expires 11/2/92

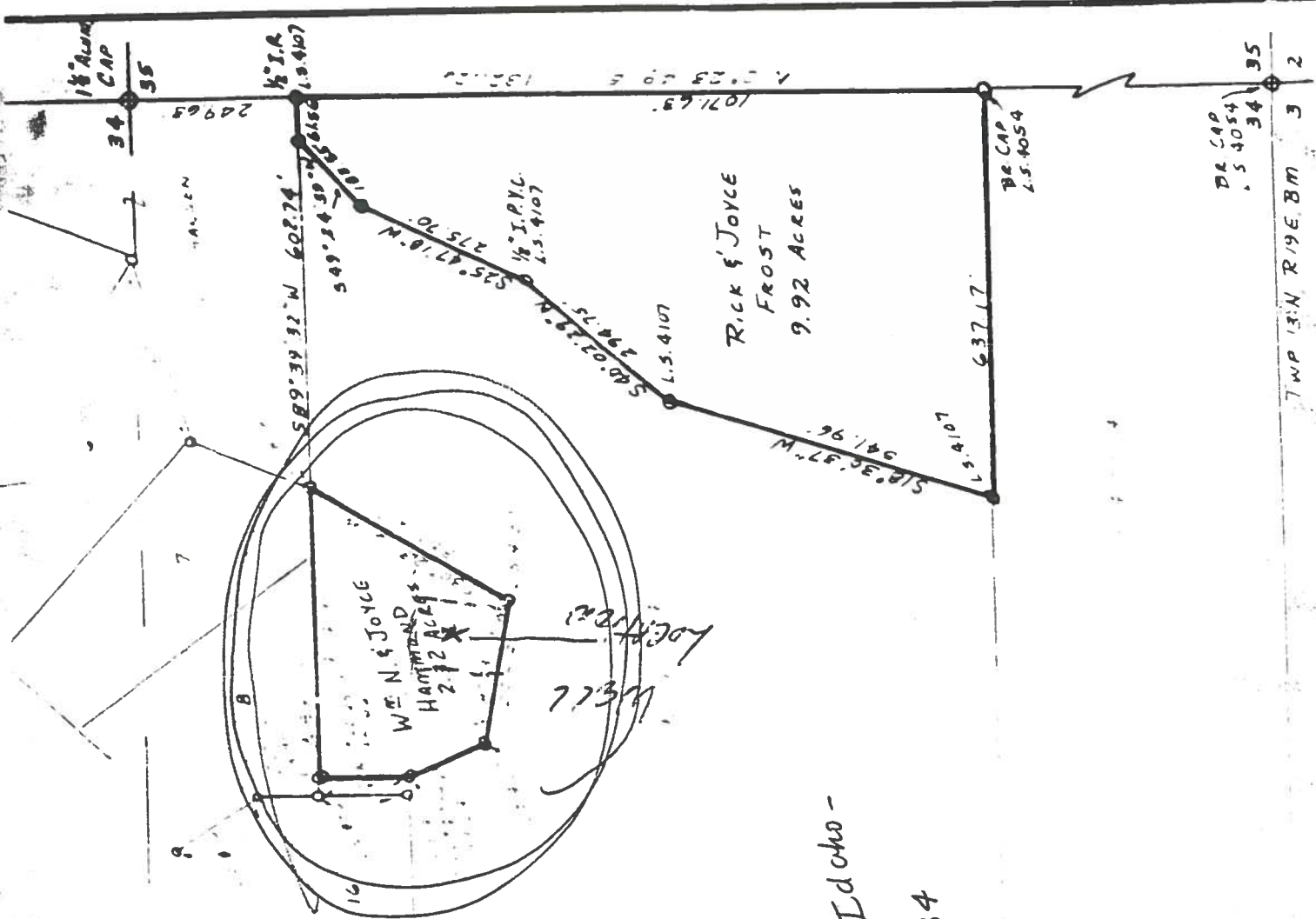
Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 19 1993

Township 14 North
 Range 19 East
 Boise Meridian
 Custer County, Idaho -
 SECTION 34



MICROFILMED
 MAR 19 1993

2010
D. L. Davis
83226



FIRST CLASS

Idaho Department of Water Resources
2735 Airport Way
Boise, Idaho
83705

RECEIVED

JAN 28 1990

Department of Water Resources
Southern Region Office

RECEIVED

MICROFILMED

MAR 19 1993

From: DWR03::FRAZEE 13-AUG-1990 15:26:35.61
To: DWR60::GIVENS
CC: FRAZEE
Subj: A72-10459/WM. N. HAMMOND REFUND

HI JUDY. WOULD YOU PLEASE RETURN TO ME ALL THE PAPERWORK YOU HAVE ON THE ABOVE CLAIMANT? WE VERY NEARLY SENT FISCAL A DUPLICATE REFUND REQUEST (THEY GET VERY UPSET(!)), AND JOHN CARLSON WANTS TO SEE ALL THE PAPERWORK SO WE CAN TRY TO FIGURE OUT HOW THE DUPLICATE (ALMOST) HAPPENED.

SORRY TO CAUSE YOU EXTRA WORK...THANK YOU FOR YOUR HELP...SALLY

8-15-90 rec'd from Judy.

MICROFILMED

MAR 19 1993



State of Idaho
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

July 25, 1990

RECEIVED

JUL 27 1990

Department of Water Resources
Southern Region Office

William N. Hammond
P.O. Box 829
Challis, ID 83226

RE: Snake River Basin Adjudication (SRBA)
Custer County - #A72-10459
Receipt #S011044, \$5.00

Dear Mr. Hammond:

Due to the fact that you have withdrawn your application for permit and applied \$25.00 of the \$30.00 fee to your adjudication claim, we have initiated the refund process with the State Auditor's Office. You should receive your check in the near future.

Sincerely,

Donald V. Shaff
Manager, Adjudication Section

DVS:sf:state:Southern

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MAR 19 1993

WHITE - State Auditor
 YELLOW - Remittance Advice
 PINK - State Auditor then Agency
 GOLDENROD - Agency Copy

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO
 Office of State Auditor

AGENCY USE

2297
Date 07/25/90
Code 193002

VENDOR: If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME: DEPT. OF WATER RESOURCES

Document No.	
Pre-Audit	Date
Warrant No.	

PAY

TO

WILLIAM N. HAMMOND
 PO BOX 829
 CHALLIS, ID 83226

CHECK ONE:

(1) MISCELLANEOUS EXPENDITURE

() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
 ENCUMBRANCE REQUISITION

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No.

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	04 10 162	9337	8831		REFUNDS PER D. SHAFF WR #A72-10459 7/24/90	5.00 5.00	
TOTAL						5.00	

NOTE: Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment of the item or items described above. I hereby certify that the items described were ordered by proper authority; that they are necessary in the public service, that the items have been received and accounted for, and that the account as stated is correct and just.

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form; that totals carried hereon are correct; that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is asked are submitted herewith; and that there are funds in the state treasury and balances in appropriate accounts out of which the same may be lawfully paid.

MAR 19 1993

Date

Head of Agency or Institution

State Auditor

From: DWR03::WERNER 30-MAY-1990 09:32:54.24
To: SHAFF
CC:
Subj: Receipt for Southern needs changed

Don,

Allen Merritt sent me a mail memo on the following receipt that needs to be modified, but I think you usually take care of any \$ changes on receipts.

The following claim is hung up because the receipt needs to be changed:
A72-10459 S011044 (claimant filed applic. for permit for \$30.00
then withdrew the applic. and filed claim. for
\$25)

Thanks, Doug

MICROFILMED

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

Feb. 2, 1990

Re: A72-10459

WILLIAM N HAMMOND
P O BOX 829
CHALLIS ID 83226

Dear Claimant(s):

Please review the computer generated claim(s) 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'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 19 1993

FROM Allen Mervitt (Southern)

DATE

2/1/90

TO Don Shaff - Debbie Allen

SUBJECT Change receipt # S011044

We need to change S011044 to show \$25⁰⁰ going toward payment of SRBA claim # A72-10459 and \$5⁰⁰ overpayment. (Please refund the \$5⁰⁰) We have stopped processing of the Applic. and it is being withdrawn. We have date entered the SRBA claim and it is held on our machine until you change the receipt.

Call if you have questions.

MICROFILMED

MAR 19 1990

SIGNATURE

5011044

RECEIVED

JAN 29 1990

Department of Water Resources
Southern Region Office

Dear Sir,

Please stop proceedings on the application for permit. I understand I only need to file the adjudication claim. I am sending back all the paper work plus the letters you sent to me so that you will have an idea what is going on.

I originally sent you the claim papers and a \$25⁰⁰ check. You sent the claim + the check back and said the papers needed to be notarized and the fee was \$30⁰⁰. We then sent a \$30⁰⁰ check which you kept and started processing the application for permit. We do not need it.

Please file the adjudication claim and send us a \$5⁰⁰ refund.

Thank you

Joyce E. Hammond

CK # 704
\$130⁰⁰

Sal
Plz get the rec't
& prepare a memo.

MICROFILMED

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 28 1990

RECEIVED

JAN 29 1990

Department of Water Resources
Southern Region Office

William N. Hammond
P.O. Box 829
Challis, ID 83226

RE: SRBA Claim

Dear Claimant:

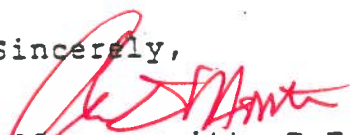
Please find enclosed your claim and your check # No check for \$ 0 which you submitted to our office. I am returning these pursuant to Rule 10,4 of the Department's Adjudications Rules and Regulations. In checking your claim it appears that the following items need clarification:

- [] Item #2 Priority
- [] Item #4 Point of Diversion Legal Description
- [] Item #6 Uses descriptions
- [] Item #9 Description of Non-irrigation Uses
- [] Item #10 Place of Use Legal Description
- [] Item #16 Signature & Notorization
- ☒ Improper fee (THE CORRECT FEE IS \$ 25.00)
- ☒ Other or Remarks

The check you enclosed for \$300 has been submitted with your Application for permit for Approval by Water Appropriations personnel.

~~If you wish to continue to press your claim please find enclosed instructions and another claim form to use.~~ If you will make the necessary corrections and return your claim with the correct fee and a copy of this letter within 30 DAYS of the date of this letter, your filing will be considered timely and will not be assessed an additional \$50.00 late fee.

Sincerely,


Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm
Enclosures:

JCL

If you want to file this claim return it with the \$25.00

MICROFILMED

MAR 19 1993

FROM

SALLY FRAZEE

DATE

2/28/90

TO

DEBBIE ALLEN

SUBJECT

RECEIPT #S011044 -- CHANGE REQUESTED

PER THE REQUEST TO YOU AND DON SHAFF BY ALLEN MERRITT ON 2/1/90,
WOULD YOU PLEASE CHANGE THE ABOVE RECEIPT ACCORDING TO ALLEN'S REQUEST.

ATTACHED IS A REQUEST FOR REFUND OF OVERPAYMENT IN THE AMOUNT OF \$5.00 TO
ACCOMPANY THE REVISED RECEIPT. WOULD YOU PLEASE GIVE ME A COPY OF THE
REVISED RECEIPT FOR MY REFUND REQUEST FILE, AS WELL.

ANY PROBLEMS OR QUESTIONS, PLEASE SEE DON OR ME.

THANK YOU, DEBBIE.



MICROFILMED

SIGNATURE

MAR 19 1993

S011044

01/23/90
14:21:55

HAMMOND, WILLIAM N.

APP FOR PERMIT

0640199 1238 6390

\$30.00

\$30.00

CHECK 704

Idaho Department of Water Resources

Region: SOUTHERN

Signature: _____

MICROFILMED

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 19 1990

William N. Hammond
P.O. Box 829
Challis, ID 83226

RECEIVED

JAN 23 1990

Department of Water Resources
Southern Region Office

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 698 for \$ 25.00 which you submitted to our office. I am returning these pursuant to Rule 10,4 of the Department's Adjudications Rules and Regulations. In checking your claim it appears that the following items need clarification:

- [] Item #2 Priority
- [] Item #4 Point of Diversion Legal Description
- [] Item #6 Uses descriptions
- [] Item #9 Description of Non-irrigation Uses
- [] Item #10 Place of Use Legal Description
- [X] Item #16 Signature & Notorization
- [] Improper fee (THE CORRECT FEE IS \$ _____)
- [] Other or Remarks

Signature must be Notarized.

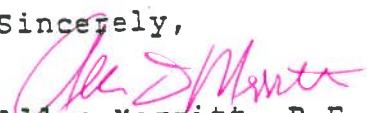
RECEIVED

JAN 29 1990

Department of Water Resources
Southern Region Office

~~If you wish to continue to press your claim please find enclosed instructions and another claim form to use. If you will make the necessary corrections and return your claim with the correct fee and a copy of this letter within 30 DAYS of the date of this letter, your filing will be considered timely and will not be assessed an additional \$50.00 late fee.~~

Sincerely,


Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm
Enclosures:

see

MICROFILMED

MAR 19 1993

PS. No check was found for the Application for Permit.
The Fee for that permit is \$30.00
* IF this permit is for the same well & uses as the Adjudication Claim then you may NOT NEED TO file the Perm.

FROM

Sally Trappee

TO

Judy Givens

SUBJECT

Wm. Hammond Refund.

RECEIVED

DATE

08-27-90

AUG 29 1990

Department of Water Resources
Southern Region Office

Hammond.

Jhx for sending me attached on Hammond.
 Give attached all my paper work — you have
 some duplicates now, but I dare not toss
 anything 'til you take/toss what is not
 needed by you. Jhx lots, Judy.

-Sul

MICROFILMED

SIGNATURE

MAR 19 1993

WATER RIGHT NUMBER - A72-10459 PREFIX TRANSLATION: ADJUDICATION CLAIM OLD (D) NUMBER -
+ - - - - LAST NAME - - - - + + - FIRST NAME - - - - + + - - - - ADDRESS - - - - - +

*** C - CURRENT OWNER ***
HAMMOND

WILLIAM N.

1 - P.O. BOX 829
2 -
3 -

CITY- CHALLIS STATE- ID ZIP- 83226
PHONE - 208-879-4378

JOYCE E.

1 - P.O. BOX 829
2 -
3 -
CITY- CHALLIS
PHONE - 208-879-4378

STATE- ID ZIP- 83226

+ - - - PRIORITY DATE - - - + + - - - REGION - - - + + - - - STAGE - - - + + - - - STATUS - - - - +
03/01/1980 17 SOUTHERN J - BENEFICIAL USE

+ - - - - SOURCE - - - - + + - - - - TRIBUTARY - - - - - +

+ - - - - POINT OF DIVERSION - - - - - +

STREAM INDEX (BLANK IF NO INDEX CODE)

(37) CUSTER

+ - - - - WATER USE - - - - - +

DIVERSION RATE DIVERSION VOLUME

0.050

+ - - - - TOTAL DIV. RATE - + + - - - - TOTAL DIV. CAPACITY - + + - - - - TOTAL CONSUMPTIVE USE - + + - - - - KW USAGE - +
0.050 01/01 12/31 0.050 0.0

+ - - - - PLACE OF USE - - - - - +

DESCRIPTION COUNTY

43 DOMESTIC

(37) CUSTER

+ - - - - DIVERSION MEANS - 8" X 120' WELL WITH PUMP

+ - - - - NON-IRRIGATION USE - 0/ 1 HOUSEHOLD

+ - - - - 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.

