

AJ5856NP

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: SEP-9-1997

PAGE: A-122

RIGHT NUMBER: 45-10152

NAME & ADDRESS: MAXINE ENGSTROM
BUS ENGSTROM ESTATE
% IDAHO FIRST NATIONAL BANK
PO BOX 509
TWIN FALLS ID 83303-0509

*updated
1898
KFC*

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 04/15/1920

POINT OF DIVERSION: T10S R24E S35 SWNWSW Within CASSIA 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 CASSIA County
T10S R24E S35 NWSW

OTHER PROVISIONS 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. 10S24E354800

Claim proofread by: CN
Date: 9-25

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: A45-10152
Date Received: 2/01/1989
Receipt No: S005514
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: GUS ENGSTROM ESTATE 208-737-5025
Address: % IDAHO FIRST NATIONAL BANK
P.O. BOX 509
TWIN FALLS, ID 83303-0509

AND

Name: MAXINE ENGSTROM 208-737-5025
Address: % IDAHO FIRST NATIONAL BANK
P.O. BOX 509
TWIN FALLS, ID 83303-0509

2. Date of Priority: APR 15, 1920

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	24E	35	SW	NW	SW		CASSIA

5. Description of diverting works:
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 HOUSEHOLD

A45-10152

Page 1

Date: 02/01/89

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OCT 27 1984
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MAR 09 1993

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	24E	35	NW SW		DOMEST	

11. Place of use in counties: CASSIA

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

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. 445-10152

Date Received 12-15-88

Receipt Number 5005514

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

DEC 15 1988

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

Idaho First National Bank, Trustee for

1. Name of Claimant (s) Gus Engstrom Estate & Maxine Engstrom (208) 737-5025

Mailing Address P.O. Box 509, Twin Falls, ID Zip 83303-0509

2. Date of Priority (Only one per claim) April 15, 1920 Month/Day/Year

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

4. Location of point of diversion is: Township 10S Range 24 E
Section 35, SW 1/4 of NW 1/4 of SW 1/4, Govt. Lot _____, BM.,
County of Cassia

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 and pump

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 minimus

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

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MAY 09 1989

10. Place of use is: Township: 10S Range 24E

Section 35, NW 1/4 of SW 1/4, Govt. Lot _____, B.M.,

County of _____ 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? Cassia

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

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) _____ Date _____

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am Trust Property Officer

of Idaho First National Bank, that I have signed the foregoing
Organization

document in the space below as Trust Property Officer of Idaho First National Bank
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Steven W. Bingham Date 12-8-88

Title and Organization Trust Property Officer, Idaho First National Bank

State of Idaho/or _____)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this Eighth day of December 19 88

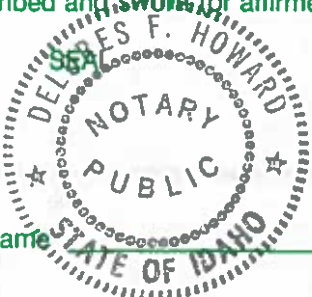
Notary Public Delores F. Howard

Residing at Twin Falls, Idaho

My Commission Expires 6-4-93

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant



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MAR 09 1993

OLD (D) NUMBER -

+ - - - - - ADDRESS - - - - - +

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1 - 3 IDAHO FIRST NATIONAL BANK
2 - P.O. BOX 509
3 -
CITY- TWIN FALLS                STATE- ID    ZIP- 833030509
PHONE - 208-737-5025

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2 - P.O. BOX 509
3 -
CITY- TWIN FALLS                STATE- ID    ZIP- 833030509
PHONE - 208-737-5025

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MAXINE

+ - - - STAGE - - - +					+ - - - STATUS - - - - +								
J	-	B	E	N	E	F	I	C	I	A	L	U	S

+ - - - - - TRIBUTARY - - - - - +

----- CONDITIONS OF APPROVAL -----
NO CONDITIONS OF APPROVAL FOUND.

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OCT 27 1994

