

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-406

RIGHT NUMBER: 45-10625

NAME & ADDRESS: JUNE WATERS
279 W 100 S
BURLEY ID 83318

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 03/16/1980

POINT OF DIVERSION: T10S R22E S35 NWNW 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 R22E S35 NWNW

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. 10S22E353001

KKC

Claim proofread by: CS

Date: 9-26

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: A45-10625
Date Received: 5/18/1989
Receipt No: S007164
Received By: _____

COPY FOR
YOUR FILES

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

COPY FOR
YOUR FILES

1. Name: JUNE WATERS
Address: 279 W 100 S
BURLEY ID

208-678-7084

83318

2. Date of Priority: MAR 16, 1980

3. Source: GROUNDWATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	22E	35	NW	NW			CASSIA

5. Description of diverting works:
WELL AND 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	Lot	Use	Acres
10S	22E	35	NW	NW		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:

11/29/96 TF; OWNERSHIP CHANGED FROM DEAN AND JUNE WATERS TO JUNE ONLY.

15. Basis of Claim: BENEFICIAL USE



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

January 17, 1997

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

JUNE WATERS
279 W 100 S
BURLEY ID 83318

RE: SRBA Claim(s) A45-10625

Dear Ms. Waters:

Pursuant to the change in ownership request that has been submitted to the Department, we have changed the record of current ownership to you. Please find the enclosed copies of the computer record of the claim(s) noting the change in claimant. Review these records and if there is an error, or you have any questions, please contact this office.

Sincerely,

Trish Fawcett
Technical Records Specialist

enc.

STATE OF IDAHO
IDAHO DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

RECEIVED

AUG 14 1996

Please print or type. Attach pages with additional information. Instructions are on the back of this page.

Incomplete forms will be returned.

**Department of Water Resources
Southern Region**

1. Water Right Number(s) A 45 - 10625
Adjudication Claim Number(s) 0410162 9337 6490

2. The following **REQUIRED** information must be submitted with this form.

A. A copy of the most recent DEED, TITLE POLICY, CONTRACT OF SALE, or other legal document indicating your ownership of the property and water rights or claims in question, WITH ATTACHED LEGAL DESCRIPTION.

AND

B. PLAT OF PROPERTY or SURVEY MAP for parcel of ten acres or less. (These are usually on file with the county.)

OR

C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency (formerly ASCS) AERIAL PHOTO with irrigated acres outlined and point(s) of diversion clearly marked.

3. Name and Address of Former Owner/Claimant(s) Dean Waters and/or

Jane Waters

4. New Owner/Claimant(s) Jane Waters

Name connector (Check one): ☐ AND, ☐ OR, ☐ AND/OR

New Mailing Address 279 W 100 S

City, State and ZIP Code Burley, ID 83318

New Telephone Number (208) 678-7084

5. Date you acquired the property Mar. 16, 1980

6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.

Number of acres actually irrigated _____ Number and type of stock _____

Diversion rate in CFS 0.040 Number of homes 1 Other uses Domestic
cubic feet per second

If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.

7. Signature of New Owner/Claimant(s) Jane Waters Date 8/12/96

Date _____

8. (Corporations or other organizations must submit a list of directors/officers demonstrating authority to sign form.)
For Snake River Basin Adjudication Claims: If you are represented by an attorney and you want IDWR to correspond directly with your attorney for all matters related to your claims, please attach a Notice of Appearance completed by your attorney.



COOPERATIVE CENTER FOR
HEALTH STATISTICS - VITAL
STATISTICS

450 W. STATE ST.
BOISE, IDAHO 83720

CERTIFICATE OF DEATH

DATE FILED: APRIL 21, 1992

STATE FILE NUMBER: 92-02089

DECEDENT: DEAN LEON WATERS

DATE OF DEATH: APR. 12, 1992 PLACE OF DEATH: BURLEY, IDAHO

DATE OF BIRTH: SEPT. 01, 1917 PLACE OF BIRTH: UTAH

AGE: UNKNOWN SEX: MALE VETERAN? NO

MARITAL STATUS: MARRIED SPOUSE (MAIDEN) : JUNE FRANCIS BOLDT

SOCIAL SECURITY NUMBER: ~~1-5-20-10-10~~ RESIDENCE: BURLEY, IDAHO

FATHER: THOMAS SMITH WATERS

FATHER'S BIRTHPLACE: UTAH

MOTHER (MAIDEN): MARY WHITING

MOTHER'S BIRTHPLACE: UTAH

MORTUARY: PAYNE MORTUARY

MORTICIAN: JOSEPH W. LARSEN

BURLEY, IDAHO

DISPOSITION: CREMATION

CERTIFYING PHYSICIAN: CHARLES W. SUITS, DO

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

PNEUMONIA

LEUKOPENIA

CHEMOTHERAPY

METASTATIC LUNG CANCER

UNKNOWN

MONTHS

MONTHS

YEARS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

DATE ISSUED: APRIL 22, 1992

*This is to certify that this is a true and correct reproduction or abstract of the official record
filed with the Idaho Department of Health & Welfare, Boise, Idaho.*

Richard W. Blair

RICHARD W. BLAIR, State Registrar
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF IDAHO
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.
Section 39-273, Idaho Code

HWH0139

DEPARTMENT OF HEALTH AND WELFARE

272229

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT
(REGIONAL)

Water Right Number - R45-10625

Prefix Translation: RESEARCH

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** C - CURRENT OWNER ***

WATERS

JUNE

1 - 279 W 100 S

2 -

3 -

City- BURLEY

State- ID Zip- 83318

Phone - 208-678-7084

*** O - ORIGINAL OWNER ***

WATERS

DEAN

1 - RT 4 BOX 4287

2 - 100 S 275 W

3 -

City- BURLEY

State- ID Zip- 83318

Phone - 208-678-7084

WATERS

JUNE

1 - RT 4 BOX 4287

2 - 100 S 275 W

3 -

City- BURLEY

State- ID Zip- 83318

Phone - 208-678-7084

+ - - Priority Date - - + + - - Region - - - + + - - Stage - - - + + - - Status - - - +
03/16/1980 ERROR IN REGION J - BENEFICIAL USE

+ - - - - Source - - - - - + + - - - - Tributary - - - - - +
GROUNDWATER

+ - - - - Point of Diversion - - - - - +
Twn Rng Sec Tract Lot RFlg County
10S 22E 35 NW NW (31) CASSIA

+ - - - - Water Use - - - - - +
Code Description Period From Period To Diversion Rate Diversion Volume
43 - DOMESTIC 01/01 12/31 0.040

+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Consumptive Use - + + - KW Usage - +
0.040 0.0

+ - - - - Place of Use - - - - - +
Twn Rng Sec Tract Lot Acres Code Description County
10S 22E 35 NW NW 43 DOMESTIC (31) CASSIA

Total Acres:

+ - - Diversion Means - WELL AND PUMP

+ - - Non-Irrigation Use - DOMESTIC, 1 HOME

+ - - Other Rights for Same Use - NONE

"DO NOT FILM"

Water right number - R45-10625

Prefix Translation: RESEARCH

+ - - - - - Remarks - - - - - +

GEN PARCEL NO. 10S22E353001

+ - - - - - Old Water Right Numbers - - - - - +

No Old Water Right Numbers Found

+ - - - - - Conditions of Approval - - - - - +

No Conditions of Approval found.

+ - - - - Decree Plaintiff - - - +

+ - - - - Decree Defendant - - - +

+ - Decree Date - +
00/00/0000

+ - - - - - Comments - - - - - +

Date: 11/29/1996 User Id: TFAWCETT Subject: OWNERSHIP CHANGE
OWNERSHIP CHANGE FROM DEAN AND JUNE WATERS TO JUNE ONLY.

+ - - Audit Fields - - +

11/29/96 TFAWCETT

+ - - - - - Adjudication Rights Dates and Flags Area - - - - - +

Court Report Filing	- 00/00/0000	Field Inspection Made	- 00/00/0000	Civil Case Number	- 39576
Objection Filed Date	- 00/00/0000	Field Inspection Flag	-	Old Case Number	-
Response Filed Date	- 00/00/0000	Verified Date	- 00/00/0000	Old Judicial District	-
Claim Received Date	- 05/18/1989	Last Amended Date	- 00/00/0000	Temporary Right	- P
		Receipt Number	- S007164	Water District	-
		POU Ownership Flag	- Y	Federal/State Indicator	- S
		Name Connector	- AND/OR	Presumption Flag	-
				Notice of Error Flag	-

"DO NOT FILM"

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: A45-10625
Date Received: 5/18/1989
Receipt No: S007164
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DEAN WATERS 208-678-7084
Address: RT. 4 BOX 4287
100 S. 275 W.
BURLEY, ID 83318

AND/OR

Name: JUNE WATERS 208-678-7084
Address: RT. 4 BOX 4287
100 S. 275 W.
BURLEY, ID 83318

2. Date of Priority: MAR 16, 1980

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	22E	35	NW	NW			CASSIA

5. Description of diverting works:
WELL AND 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

A45-10625

Page 1

Date: 05/18/89

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MAR 08 1993

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	22E	35	NW NW		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. A45-10625
Date Received _____
Receipt Number 5007164 *see*

NOTICE OF CLAIM RECEIVED

MAY 18 1989

Department of Water Resources
Southern Region Office

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) Dean and June Waters Phone (208) 678-7084

Mailing Address Rte 4, Box 5, 275 W. 4287, Burley, Idaho Zip 83318

2. Date of Priority (Only one per claim) 3-16-80 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 105 Range 22

Section 35, NW 1/4 of NW 1/4 of _____ 1/4, Govt. Lot E, 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 casing 69' of 6" 240' of 6" Drilling
pipe to house 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 House,

MICROFILMED

MAR 18 1989

10. Place of use is: Township: 10 S Range 22

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

County of Cassia 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 _____ 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) Jane J. Waters Date 5-16-89

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 _____)

County of Cassia) SS.

Subscribed and sworn (or affirmed) before me this 16th day of May 1989

SEAL

Notary Public Ana Baunhoff

Residing at Base Idaho

My Commission Expires _____

Last Name _____ Ident No. _____

MICROFILMED

Copies: White-State, Yellow-Claimant

MAR 18 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

.Aug 1, 1989

Re: A45-10625

.DEAN WATERS
.RT 4 BOX 4287
.100 S 275 W
BURLEY ID 83318

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:

MICROFILMED

MAR 08 1993

