

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1301 North Orchard Street, P.O. Box 83720
Boise, Idaho 83720-0098

RETURN SERVICE REQUESTED

DATA ENTRY DONE
REMAILED

3/12/98 *sm*

IMPORTANT WATER RIGHT INFORMATION

45-10702

CLAIRE M PETERSEN
RT 1 BOX 1672
BURLEY ID 83318

PRESORTED
FIRST CLASS

MAR 2 '98

U.S. POSTAGE

0.46

6711993

774 E 2005

RECEIVED

MAR 06 1998

Department of Water Resources

10702

5331 AX 1251-0123





IDAHO DEPARTMENT OF WATER RESOURCES
SOUTHERN REGION
1341 FILLMORE ST STE 200
TWIN FALLS ID 83301-3380
(208) 736-3033

RECEIVED

MAR 23 1998

PHILIP E BATT
GOVERNOR

Department of Water Resources
Southern Region

KARL J DREHER
DIRECTOR

CHANGE IN ADDRESS OF THE NOTICE OF CLAIM
IN THE SNAKE RIVER BASIN ADJUDICATION

☒ Water Right Number(s): 45-10702 45-11355

☒ Old Mailing Address:

Rt. 1 Box 1672
Burley, ID - 83318

☒ New Mailing Address:

200 S 774 E
Burley, ID - 83318

☐ New Telephone Number: (1) 208-654-2692

☐ Signature of Claimant(s): Claire M. Petersen

Date:

March 19, 1998

FOR IDWR USE ONLY

Initial Review and Data Entry

Date: By:

Further Action Needed:

Further Action Taken

Date: By:

Final Review and Data Entry

Date: By:

Claire M. Petersen
200 S 774 E
Burley, ID - 83318

6/9/94

COMMUNICATION DOCUMENTATION

Claim No. SEE BELOW

This form is to be used to document public record information requests regarding any SRBA claim or claims. The form may also be used to document IDWR communications requesting information regarding any SRBA claim or claims when the request is not made in writing or the claim verification report is not readily available to document the request. This form is to be filed in all relevant claim files or a central office file.

IDWR Employee/Agent Steve Clelland

March 18, 1998 3:30pm

NAME:
CLARA PETERSEN CALLIN

RE:
ERRORS IN PARTIAL DECREE

SHE SAYS WE GOT HER ADDRESS WRONG AND THE WATER NEVER WAS USED FOR D & S USES. I ASKED IF SHE HAD A DOMESTIC WELL AND SHE SAID YES, I TOLD HER THIS IS WHAT THE RIGHT IS FOR; SHE THOUGHT IT WAS FOR HER IRRIGATION USES FOR THE FARM ACRES.

I WILL SEND HER A CHANGE OF ADDRESS FORM.

ADDRESS: 200 S 774 E, BURLEY ID 83318.

CLAIMS: A45-11355 & A45-10702

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-467

RIGHT NUMBER: 45-10702

NAME & ADDRESS: CLAIRE M PETERSEN
RT 1 BOX 1672
BURLEY ID 83318

SOURCE: GROUNDWATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 05/20/1920

POINT OF DIVERSION: T10S R24E S34 SESWSW Within CASSIA County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.02 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: STOCKWATER Within CASSIA County
T10S R24E S34 SWSW

DOMESTIC Within CASSIA County
T10S R24E S34 SWSW

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. 10S24E346149
STOCKWATER, 14 DAIRY CALVES

KKC

Claim proofread by: CA
Date: 9-21

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: A45-10702
Date Received: 5/22/1989
Receipt No: S007248
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CLAIRE M. PETERSEN 208-654-2692
Address: RT. 1 BOX 1672
BURLEY, ID 83318

2. Date of Priority: MAY 20, 1920

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
10S	24E	34	SE	SW	SW		CASSIA

5. Description of diverting works:
WELL AND 1/2 HP 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/14 DAIRY CALVES

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
10S	24E	34	SW	SW		DOMEST	
			SW	SW		STOCK	

A45-10702

Page 1

Date: 05/22/89

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MAR 08 1993

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 _____

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MAR 08 1993

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. A45-10702

Date Received

Receipt Number 5007248 sec

RECEIVED

MAY 22 1989

NOTICE OF CLAIM

Department of Water Resources
Southern Region OfficeTO A
WATER RIGHTACQUIRED 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) Claire M. Petersen Phone (208) 654-2692Mailing Address Rt. 1 - Box 1672, Burley, Id. Zip 833182. Date of Priority (Only one per claim) 5/20/1920 Month/Day/Year3. 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 ~~3829~~ 10 Range 24Section 34, SE 1/4 of SW 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. 1/2 horse power motor on pump50 feet deep

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 0.04 (cfs)For Livestock purposes from 1/1 to 12/31 amount 0.02 (Both dates are inclusive)7. Total quantity claimed 0.06 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single household; stockwater: Type and Number of livestock) One household - Stockwater - 14 Dairy Type Calves.

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MAR 9 8 1989

10. Place of use is: Township: 3829 10 Range 24

Section 34 SW 1/4 of SW 1/4, Govt. Lot _____, 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 (X)

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)

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) X Claire M. Petersen Date 5/19/89
Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____, Title _____, that I have signed the foregoing
document in the space below as _____ of _____
Organization 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 Cassia } SS.

Subscribed and sworn (or affirmed) before me this 19th day of May 1989

SEAL

Notary Public Anna Barker

Residing at Boise Idaho

My Commission Expires 12/1994

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 08 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

July 19, 1989

Re: A45-10702

CLAIRE M PETERSEN
RT 1 BOX 1672
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', is written over a horizontal line.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED
MAR 08 1993

