

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-491

RIGHT NUMBER: 45-10729

NAME & ADDRESS: GOLDEN M WOOD
3028 HILAND
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: 12/31/1958

POINT OF DIVERSION: T10S R23E S32 SENE 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 R23E S30 SENE

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. 10S23E321800 (T2668)

Checked by:
Date:

[Handwritten signature]

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: A45-10729
Date Received: 5/24/1989
Receipt No: M003661
Received By: Q. J. J.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: GOLDEN M. WOOD
Address: 3028 HILAND
BURLEY, ID 83318
208-678-8571

2. Date of Priority: DEC 31, 1958

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County
10S	23E	32	SE NE		CASSIA

5. Description of diverting works:
6" X 80' WELL, WATER @ 40', 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		

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 HOUE.

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	23E	30	SE NE		DOMEST	

11. Place of use in counties: CASSIA

A45-10729

Page 1

Date: 05/24/89

MICROFILMED

MAR 08 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 _____

To Be EnteredIN 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. A 45-10729
Date Received 5-23-1989
Receipt Number MOO 3661NOTICE OF CLAIM
TO 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) Golden M Wood Phone (208) 678-8571Mailing Address 3028 Hiland Burley ID Zip 833182. Date of Priority (Only one per claim) 12/31/1958 ^{by phone} 9/28 Month/Day/Year3. 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 T10S Range R23ESection 30³² SE 1/4 of NE 1/4 of _____ 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. line 80 ft deep drawing from 40 ft 1/2 HP Pump.

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

For Domestic purposes from Jan ^{Month/Day} to Dec 31 ^{Month/Day} amount .04 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 (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) 21 House

MICROFILMED

MAR 08 1993

10. Place of use is: Township: T10S Range R 23 E
Section 30 SE 1/4 of NE 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 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 _____

By signing I/We acknowledge reading the notice on the back of this claim form.
I/We wish to receive for a small annual fee monthly copies of the docket sheet.
YES _____ NO _____

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

Signature of Claimant (s) Golden M Wood Date 5/23/89
_____ Date _____

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

_____ Title
of _____, that I have signed the foregoing
Organization
document in the space below as _____ of _____
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 23rd day of May 19 89

SEAL

Notary Public Robert W. Horsted

Residing at Twin Falls

My Commission Expires 1/16/1995

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

MICROFILMED

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

Aug. 23, 1989

Re: A45-10729

GOLDEN M WOOD
3028 HILAND
BURLEY ID 83313

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 Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED
MAR 11 1993

PREFIX TRANSLATION: ADJUDICATION CLAIM

[illegible]

10523 E 32 1800
T 2668

ENTERED 6-3-92 DAD
CHECKED 2/7/93

VERIFIED
OCT 27 1991

PROOF
SEP 10 1991

CERTIFIED
NOV 15 1991
WATER EXAMINER