

AJ0749NP
No. 45-10739

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 08/10/98
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	ARVEL E RASMUSSEN 17 S HWY 77 DECLD ID 83323 (208) 654-2101	01/01/1954	DOMESTIC	01-01 12-31	0.04 CFS	
				TOTAL DIVERSION:	0.04 CFS	

D ARVEL RASMUSSEN
D EDITH RASMUSSEN
17 SO HWY 77
DECLD ID 83323
(208) 678-2710

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion: T11S R24E S18 NWNE

CASSIA County

Place of use Legal Description for: DOMESTIC

				NE				NW				SW				SE							
T	R	S	:	NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:
				Lt	Ac	Lt	Ac		Lt	Ac	Lt	Ac		Lt	Ac	Lt	Ac		Lt	Ac	Lt	Ac	
11S	24E	18	:					:	D				:					:					:

POU County: CASSIA

Non-Irrigation Uses: 1 HOME

Other Rights: NONE

Conditions of Approval:

- 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. 11S24E182400

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:
Presumption Flag:

45-10739

RECEIVED

AUG 10 1998

STATE OF IDAHO
IDAHO DEPARTMENT OF WATER RESOURCESDepartment of Water Resources
Southern Region

NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are on the back of this page.
Incomplete forms will be returned.

1. Water Right No(s).: 45-10739
- Adjudication Claim No(s).: _____
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 attached to your deed or on file with the county.)
- OR
- C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency AERIAL PHOTO with irrigated acres outlined and point(s) of diversion clearly marked.
3. Name and Address of Former Owner/Claimant Arvel E. and Edith Rasmussen
471 E. 400 S. Burley, ID. 83318 Tel. 678-2710 (208)
4. New Owner/Claimant(s) Arvel E. Rasmussen
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
New Mailing Address 17 S. Hwy 77
City, State and ZIP Code Declo, ID 83323
New Telephone Number (208) 654-2101
5. Date you acquired the property 16 Dec 1953
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 you irrigate 40 Number and type of stock _____
- Diversion rate in CFS _____ Number of homes 1 Other uses _____
- 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 or Claimant(s) Arvel E. Rasmussen
- (Corporations or other organizations must submit a list of directors and/or officers demonstrating authority to sign form.)
8. For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him or her for all matters related to your claims..

INDICATION OF
DEATH OF
SPOUSE

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

DATE FILED: APRIL 17, 1995

STATE FILE NUMBER: 95-02171

DECEDENT: EDITH LEE RASMUSSEN

DATE OF DEATH: APR. 08, 1995 PLACE OF DEATH: BURLEY, IDAHO

DATE OF BIRTH: SEPT. 16, 1923 PLACE OF BIRTH: NEVADA

AGE: 71 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: MARRIED SURVIVING SPOUSE: ARVEL ERNEST RASMUSSEN

SOCIAL SECURITY NUMBER: ~~523-12-3456~~ RESIDENCE: BURLEY, IDAHO

FATHER: EDWARD LEE

FATHERS BIRTHPLACE: UTAH

MOTHER (MAIDEN): RHODA ANNIE PASKETT

MOTHERS BIRTHPLACE: UNKNOWN

MORTUARY: MCCULLOCH-HANSEN MORTUARY

MORTICIAN: LARRY HANSEN

BURLEY, IDAHO

DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: WALTER R. PETERSEN, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

INFERIOR MYOCARDIAL INFARCTION
CAD

1 HOUR

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

SEVERE VIRAL SYNDROME, PLEURITIS, HEPATITIS

MANNER OF DEATH: NATURAL

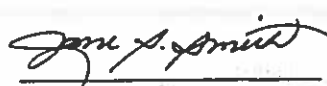
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AUG 10 1998

Department of Water Resources
Southern RegionI certify that this is a true and correct reproduction or abstract of an official
record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

MAY 08, 1995

DATE ISSUED: _____


JANE S. SMITH
State Registrar

IN THE DISTRICT COURT OF THE FIFTH
STATE OF IDAHO, IN AND FOR THE

In Re SRBA)
Case No. 39576)
_____)

PARTIAL DECREE PUR:
I.R.C.P. 54(b) FOR
Water Right 45-10

*There is no change of
ownership. Just wanted to let
you know that spouse is deceased.
Her name probably should be taken
off. Everything else is correct.*

Arvel E. Rasmussen

NAME AND ADDRESS: ARVEL RASMUSSEN
EDITH RASMUSSEN
17 SO HWY 77
DECLO, ID 83323

Deceased, death cer

SOURCE: GROUNDWATER
QUANTITY: 0.04 CFS

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

PRIORITY DATE: 01/01/1954

POINT OF DIVERSION: T11S R24E S18 NWENW Within Cassia County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	Domestic 1 HOME	01-01 TO 12-31	0.04 CFS

PLACE OF USE: Domestic Within Cassia County
T11S R24E S18 NENW

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.

RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a final judgment and that the court has and does hereby direct that the above judgment or order shall be a final judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.

[Signature]

Daniel C. Hurlbutt, JR.
Presiding Judge
Snake River Basin Adjudication

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AUG 10 1998

Department of Water Resources
Southern Region



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098
Phone: (208) 327-7900 FAX: (208) 327-7866

RECEIVED

APR 03 1998

Department of Water Resources
Southern Region

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

March 11, 1998

EDITH RASMUSSEN (Deceased 4-8-95)
ARVEL RASMUSSEN
17 SO HWY 77
DECLO ID 83323

RECEIVED

MAR 16 1998

RE: Snake River Basin Adjudication (SRBA)
Water Right No. 45-10739
Change of Address

Department of Water Resources

*Record modified - NCAP
prepared 3-19-98. JS*

Dear Water Right Holders:

Mail recently sent to you was returned to us by the Postal Service. They also advised us your address has changed to the above address. We have enclosed the returned mail.

Although we have reached you at the address above, we need your written confirmation this is your correct mailing address before we can change our records.

Please sign your name at the bottom of this letter and return it to this office. Make corrections to your name and address if necessary before returning this letter, **list any other water right claims you have**, and return the letter by March 31, 1998. Thank you for your help.

If your mail delivery address changes in any form, please contact us in writing so we can update our records.

If there has been a change in ownership of the property connected with the water right referenced above, please call this office toll-free at 1-800/451-4129 to obtain a form to make this required change to the claim record.

Sincerely,

S. Sherman

Sally Sherman
Technical Records Specialist
Adjudication Bureau

SS:region
Enclosures

The address is correct as shown above or as otherwise changed.

Arvel Rasmussen

Claimant Signature

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-500

RIGHT NUMBER: 45-10739

NAME & ADDRESS: EDITH RASMUSSEN
ARVEL RASMUSSEN
RT 3 BOX 3377
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: 01/01/1954

POINT OF DIVERSION: T11S R24E S18 NWNEW 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
T11S R24E S18 NENEW

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. 11S24E182400

Claim proofread by: CM

Date: 9-29

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: A45-10739
Date Received: 5/24/1989
Receipt No: S007280
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ARVEL RASMUSSEN 208-678-2710
Address: RT. 3 BOX 3377
BURLEY, ID 83318

OR
Name: EDITH RASMUSSEN 208-678-2710
Address: RT. 3 BOX 3377
BURLEY, ID 83318

2. Date of Priority: JAN 01, 1254

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
11S	24E	18	NW	NE	NW		CASSIA

5. Description of diverting works:
6"X 40' WELL, 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 HOUSE

A45-10739

Page 1

Date: 05/24/89

MICROFILMED

MAR 08 1993

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
11S	24E	18	NE	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 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. A45-10739Date Received 5-22-1989Receipt Number 5007280 seeNOTICE 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

MAY 23 1989

Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Arvel or Edith Rasmussen Phone (208) 678-2710Mailing Address Rt. 3 Box 3377 Burley, Idaho Zip 833182. Date of Priority (Only one per claim) Jan. 1/1954 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 11 South Range 24 ESection 18, ~~NE~~ ^{NW} 1/4 of NW 1/4 of NW 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. 40 ft. Well 6 inch casing 1/2 HP Pump - House
1/2 HP " - yard

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

For Domestic purposes from Jan. 1 to Dec 31 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 minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) D/I HOUSE

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MAR 08 1993

10. Place of use is: Township: 11 South Range 24 E

Section 18, NE 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 ☒ 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) _____

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) X Arvel Cassmussen Date X 5-22-89

_____ 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 22nd day of May 19 89

SEAL

Notary Public Robert D. Skratell

Residing at Twin Falls, Idaho

My Commission Expires 1/16/1995

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: A45-10739

ARVEL RASMUSSEN
RT 3 BOX 3377
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 cursive script, appearing to read 'Judy Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR U 8 1993

