

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-515

RIGHT NUMBER: 45-10756

NAME & ADDRESS: KENNETH W OSTERHOUT
MELBA OSTERHOUT
RT 1 BOX 14
DECLO ID 83323

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 03/01/1970

POINT OF DIVERSION: T10S R24E S27 NWNWNW 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 S27 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. 10S24E273005

DL

Claim proofread by: CN

Date: 9-22

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: A45-10756
Date Received: 5/23/1989
Receipt No: M003668
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: KENNETH W. OSTERHOUT 208-654-2171
Address: RT. 1 BOX 14
DECLO, ID 83323
OR
Name: MELBA OSTERHOUT 208-654-2171
Address: RT. 1 BOX 14
DECLO, ID 83323
2. Date of Priority: MAR 01, 1970
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 | 27 | NW | NW | NW | | CASSIA |
5. Description of diverting works:
WELL 80' DEEP, 6" CASING, 1 HP SUBMERS. PUMP PIPE TO HOUSE
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/ ONE HOUSEHOLD

A45-10756

Page 1

Date: 05/24/89

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10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	24E	27	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:
BURLEY IRRIG. DISTR.

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 entered

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. 445-10756Date Received 5-23-1989Receipt Number 1003668NOTICE 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) Kenneth ^{W or Melba} Osterhout Phone (208) 654-2171Mailing Address R1 Box 14 Declo Idaho Zip 833232. Date of Priority (Only one per claim) March 1 1970 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 10 S Range 24 ESection 27, NW 1/4 of NW 1/4 of NW 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 6" casing 80 ft deep 1 h.p. submersible pipe to house

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 (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) 2/1 House

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

Section 24, NW 1/4 of NW 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: Irrig. Water from Burley Irrig. Dist.

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 Kenneth W Osterhaus Date X 5-23-89

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 _____

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 V. Stenstall

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

RECEIVED

JUN 16 1989

Department of Water Resources
Southern Region Office

June 13, 1989

Mr. & Mrs. Kenneth Osterhout
Rt. 1, Box 14
Declo, ID 83323

Dear Mr. & Mrs. Osterhout:

You have filed a "Claim to a Water Right" with the Mobile Unit of the Department of Water Resources in Burley on May 23, 1989.

There was a conflict of the information on the hand written form you submitted. On item 4 you listed the location of the well as T10 South, R24E and Section 27. Under item 10 you described the "place of use" as T10S, R24E, Section 24.

Please indicate which section number is the correct one so we can complete the filing of your claim. Address your reply to me at our Twin Falls office.
Thank you-~~27~~-----

Respectfully,

A handwritten signature in dark ink, appearing to read 'Robert V. Worstell', written in a cursive style.

Robert V. Worstell
Water Right Agent

RVW/jg

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MAR 08 1993

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

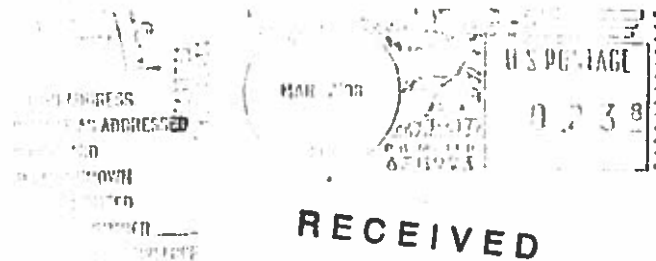
RETURN SERVICE REQUESTED

IMPORTANT WATER RIGHT INFORMATION

3/6

45-10756
KENNETH W OSTERHOUT
MELBA OSTERHOUT
~~RT BOX 14~~
DECLD ID ~~83323~~

83323+3701



95. 750 E
Decld ID 83323

OLD (D) NUMBER -

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

PHONE - 208-654-2171

+ - - - STATUS - - - - +

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

(31) CASSIA

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

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OCT 28 1954

