

AJ5809NP
No. R45-10808

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 10/29/97
PAGE: 16

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	WILLIAM DARRINGTON RT 1 BOX 99 DECLO ID 83323 (208) 654-2879	06/30/1920	STOCKWATER DOMESTIC	01-01 12-31 01-01 12-31	0.07 CFS 0.04 CFS	
TOTAL DIVERSION:					0.11 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion: T11S R24E S02 SENENE CASSIA County

Place of use Legal Description for: STOCKWATER

NE				NW				SW				SE			
T	R	S		T	R	S		T	R	S		T	R	S	
11S	24E	2	S												

Place of use Legal Description for: DOMESTIC

NE				NW				SW				SE			
T	R	S		T	R	S		T	R	S		T	R	S	
11S	24E	2	D												

POU County: CASSIA

Non-Irrigation Uses: ~~DOMESTIC~~, 1 HOME, STOCKWATER, 100 DAIRY STOCK

Other Rights: CANAL WATER USED FOR YARD & GARDEN

Remarks: GEN PARCEL NO. 11S24E020550

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:
Presumption Flag:

Audit: 07/02/92 SMITH 03/30/95 POST-STD

2.3.98



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

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

June 10, 1998

DALE DARRINGTON
950 E 220 S
DECLO ID 83323

RE: 45-10808, 45-10991

Dear Mr. Darrington,

I have enclosed a couple of Objection Forms which you will need to file with the SRBA court in order to make changes to the recommendations of your water rights which were recently included in a Director's Report. Please follow the instructions included with them. These forms will help you correct the Address, Quantity, Point of Diversion, Purpose of Use, Place of Use or whatever else you want to change. The stockwater right you now have is only for a 100 head dairy. Should you wish to expand this use in the future, please contact the Department as you will need another water right to do so.

If you have any questions or I can be of any further assistance, feel free to contact me at the office.

Sincerely,

Jeanie Robertson
Sr. Water Resource Agent

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: A45-10808
Date Received: 5/25/1989
Receipt No: S007314
Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

AMENDED

1. Name: WILLIAM DARRINGTON 208-654-2879
Address: RT 1 BOX 99
DECLO, ID 83323

2. Date of Priority: JUN 30, 1920

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
11S	24E	2	SE	NE	NE		CASSIA

5. Description of diverting works:
55'X6" WELL, 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	0.070		

7. Total Quantity Appropriated is:
0.110 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/100 DAIRY STOCK

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
11S	24E	2	NE	NE		STOCK DOMEST	

A45-10808

Page 1

Date: 07/31/89

MICROFILMED
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:
CANAL WATER USED FOR YARD & GARDEN

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): Amended claim 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,
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ACQUIRED UNDER STATE LAW

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Address: RT 1 BOX 99
DECLO, ID 83323

2. Date of Priority: JUN 30, 1920

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4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
11S	24E	2	SE	NE	NE		CASSIA

5. Description of diverting works:
55'X6" WELL, 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	0.070		

7. Total Quantity Appropriated is:
0.070 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/100 DAIRY STOCK

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
11S	24E	2	NE	NE		STOCK DOMEST	

A45-10808

Page 1

Date: 05/25/89

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MAR 08 1993

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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. _____

Date Received _____

Receipt Number _____

RECEIVED

NOTICE OF CLAIM TO A WATER RIGHT

MAY 23 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) William Darrington Phone (208) 654-2879Mailing Address P.O. #1 Box 99 Declo Idaho Zip 833232. Date of Priority (Only one per claim) June 30 - 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 11 Range 24Section 2 SE 1/4 of NE 1/4 of NE 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 - 55 ft deep. 6" casing - 1 Horse Submersible Pump.

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

For <u>Domestic</u>	purposes from	<u>1-1</u>	to	<u>12-31</u>	amount	<u>0.04</u>
		(Both dates are inclusive)				
For <u>stock</u>	purposes from	<u>1-1</u>	to	<u>12-31</u>	amount	<u>0.07</u>

7. Total quantity claimed _____ (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) Domestic - 100 head Dairy Cattle.

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

Section 2, NE 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 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 ()

Canal Water For garden + yard.

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) No Docmt 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) William Harrison Date May 17, 1989
Date _____

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

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 17th day of May 1989

SEAL

Notary Public Anna Baumgardner

Residing at Boise Idaho

My Commission Expires 12/7 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 20, 1989

Re: A45-10808

WILLIAM DARRINGTON
RT 1 BOX 99
DECLO ID 83323

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,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 08 1993

6/9/94

COMMUNICATION DOCUMENTATION

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 JEANIE M ROBERTSON

DATE

June 10, 1998 12:51pm

CUSTOMER

DALE DARRINGTON

45-10808, 45-10991

SUBJECT: OBJECTIONS TO DIRECTOR'S REPORT

phone call (X) walk-in (.)

He called about these two recommendations and wants to make some changes. They both use the same well but were claimed and recommended differently, so the POD will need to be corrected on at least one of them. (I told him to get a map to make sure, which he will probably need to amend his claim anyway.) Looks like the POU is also wrong on 45-10991. (The original claim shows they wanted the NENE of Section 2 but we data entered the SENE.) Dale (45-10991) said they moved a trailer house onto the property and started using his Dad's (45-10808) well in 1979. The 100 head dairy was actually started in 1960. The place was homesteaded in 1920. Dale is now running the dairy and wants the stockwater portion added to his claim and removed from his Dad's. He also said he plans to increase his dairy to 300 head in about ten years. I told him he only has the right for the 100 head now and when he wants to increase the herd, he will need to contact us as he will need a water right.

OLD (D) NUMBER -

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

PHONE - 208-654-2879

+ - - - STATUS - - - - +

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

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MICROFILMED

CERTIFIED
NOV 15 1991
WATER EXAMINER