

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	MARK MOORMAN 2220 BURTON AVE BURLEY ID 83318 (208) 678-5434	08/10/1979	DOMESTIC	01-01 12-31	0.16 CFS	
					TOTAL DIVERSION:	0.16 CFS

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion: T10S R23E S29

NWSW

CASSIA County

Place of use Legal Description for: DOMESTIC

NE				NW				SW				SE							
NENE	NWNE	SWNE	SENE	NENW	NWNW	SWNW	SENW	NESW	NWSW	SWSW	SESW	NESE	NWSE	SWSE	SESE				
T	R	S	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac	: Lt Ac Lt Ac Lt Ac Lt Ac				
10S 23E 29 :								D											

POU County: CASSIA

Non-Irrigation Uses: DOMESTIC, 1 HOME

Other Rights: CITY WATER

Remarks: GEN PARCEL NO. BSW210060010

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:

Presumption Flag:

Audit: 07/29/92 WHITE 03/30/95 POST-STD

claim file indicates
static water level @ 21'
$$\frac{3 \times 8.8 \times .7}{21 + (2.3 \times 40)} \approx .16 \text{ CFS}$$

Recommended
as claimed
KKC
updated
11-8-97
KKC

Question on
claimed rate.
Dw works states
3HP pump @ 78ft

theoretical @ 40 PSI $\approx .11$
.74%

$$\frac{3 \times 8.8 \times .7}{78 + (2.3 \times 40)} \approx .11 \text{ CFS}$$

$$\frac{3 \times 8.8 \times .7}{78 + (2.3 \times 20)} \approx .15 \text{ CFS}$$

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: A45-10948
Date Received: 5/31/1989
Receipt No: S007426
Received By: W

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MARK MOORMAN 208-678-5434
Address: 2220 BURTON AVE
BURLEY, ID 83318

2. Date of Priority: AUG 10, 1979

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	23E	29	NW	SW			CASSIA

5. Description of diverting works:
78' WELL, 3HP PUMP, SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.160		

7. Total Quantity Appropriated is:
0.160 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 HOUSE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	23E	29	NW	SW		DOMEST	

11. Place of use in counties: CASSIA

A45-10948

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Date: 05/31/89

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12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
CITY WATER

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. _____

Date Received _____

Receipt Number _____

NOTICE 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 30 1989

Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) MARK MOORMAN Phone (208) 678-5434Mailing Address 2220 BURTON AVE, BURLEY, ID Zip 833182. Date of Priority (Only one per claim) AUGUST 10, 1979 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
Name or kind of sourcewhich is tributary to (b) SNAKE RIVER4. Location of point of diversion is: Township 10S Range R23 EBMSection 29 NW 1/4 of SW 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. 3 H.P. SUBMERGIBLE PUMP + LAWN SPRINKLERS. DEPTH = 78'STATIC WATER LEVEL = 31' (8-10-79)

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

For DOMESTIC purposes from JAN 1 ^{Month/Day} to DEC 31 ^{Month/Day} amount .16 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .16 (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) One House

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10. Place of use is: Township: 105 Range R23 EBM
Section 29, NW 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 ()
CITY WATER

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) Mark Moorman

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 X

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

Signature of Claimant (s) Mark Moorman Date May 25-1980

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 _____ } SS.

Subscribed and sworn (or affirmed) before me this _____ day of _____ 19 _____

SEAL

Notary Public _____
Residing at _____
My Commission Expires _____

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: A45-10948
A45-10949

Mark Moorman
.2220 Burton Ave
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'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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WATER RIGHT NUMBER - A45-10948

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

+ - - - - - LAST NAME - - - - - +

+ - FIRST NAME - - +

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

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*** C - CURRENT OWNER ***
MOORMAN

MARK

1 - 2220 BURTON AVE
2 -
3 -
CITY- BURLEY
PHONE - 208-678-5434

STATE- ID ZIP- 83318

+ - - PRIORITY DATE - - +
08/10/1979

+ - - - REGION - - - +
ERROR IN REGION

+ - - - STAGE - - - +
J - BENEFICIAL USE

+ - - - STATUS - - - - +

+ - - - - SOURCE - - - - - +
GROUNDWATER

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

[illegible]

105 23E 29 NW SW (31) CASSIA

[illegible]

| | | | |
|---------------|-------|-------|-------|
| 43 - DOMESTIC | 01/01 | 12/31 | 0.160 |
|---------------|-------|-------|-------|

| + | - | TOTAL DIV. RATE - | + | + | - | TOTAL DIV. VOLUME - | + | + | - | TOTAL DIV. CAPACITY - | + | + | - | TOTAL CONSUMPTIVE USE - | + | + | - | KW USAGE - | + |
|---|---|-------------------|---|---|---|---------------------|---|---|---|-----------------------|---|---|---|-------------------------|---|---|---|------------|---|
| | | 0.160 | | | | | | | | | | | | 0.0 | | | | | |

| TWN | RNG | SEC | TRACT | LOT | ACRES | PLACE OF USE
CODE | DESCRIPTION | COUNTY |
|-----|-----|-----|-------|-----|-------|----------------------|-------------|---------|
| 14N | 10E | 36 | 36 | 1 | 0.10 | 1 | RESIDENTIAL | CLATSOP |

105 23E 29 NW SW 43 DOMESTIC (31) - CASSIA

+ - - DIVERSION MEANS - 78' WELL, 3HP PUMP, SPRINKLERS

+ - - NON-IRRIGATION USE - D/1 HOUSE

+ - - OTHER RIGHTS FOR SAME USE - CITY WATER

| + - - - - | - - - REMARKS - - - | + - - - - |
|-----------|---------------------|-----------|
| | NO REMARKS FOUND. | |

+ - - - - - OLD WATER RIGHT NUMBERS - - - - - +
NO OLD WATER RIGHT NUMBERS FOUND.

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

+ - - - - DECREE PLAINTIFF - - - +

+ - - - - DECREE DEFENDANT - - - +

+ - DECREE DATE - +
00/00/0000

+ - - AUDIT FIELDS - 05/31/89 WHITE

MICROFILMED

001 20 1994

