

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-61

RIGHT NUMBER: 45-10077
NAME & ADDRESS: R T NAIL
3485 N 2800 E
TWIN FALLS ID 83301

MATT NAIL
4460 E 2900 N
MURTAUGH ID 83344

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 06/12/1977

POINT OF DIVERSION: T11S R19E S36 SESWSE Within TWIN FALLS 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 TWIN FALLS County
T11S R19E S36 SWSE

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. 11S19E36B410

Claim proofread by: 15 K2 C-1

Date: 9-25

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: A45-10077
Date Received: 11/28/1988
Receipt No: S004024
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: R.T. NAIL 208-734-0933
Address: RT. 1 BOX 4046
TWIN FALLS, ID 83301
OR
Name: MATT NAIL
Address: RT. 1
MURTAUGH, ID 83344
2. Date of Priority: JUN 12, 1977
3. Source: GROUNDWATER Trib. to:
4. Point of Diversion:
- | Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County |
|----------|-------|---------|--------|--------|-----|-----|------------|
| 11S | 19E | 36 | SE | SW | SE | | TWIN FALLS |
5. Description of diverting works:
WELL AND 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

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
11S	19E	36	SW SE		DOMEST	

11. Place of use in counties: TWIN FALLS

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 x wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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): [Signature] Date: 11/28/88
Date: _____

State of Idaho

County of Twin Falls)
SS.

Subscribed and sworn (or affirmed) before me this 28th day
of November 19 88

Roxanne Storey
Notary Public

Seal

Residing at Buhl, Id

My Commission Expires 6-30-94

11S.
19E

P.D.
/P.M.

A45-10077

MICROFILMED

MAR 08 1993



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

RECEIVED

October 2, 1996

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

OCT 03 1996

MATT NAIL

RT 1

MURTAUGH ID 83344

Department of Water Resources
Southern Region

Re: Snake River Basin Adjudication (SRBA)
Notices of Claim No. A45-10076, A45-10077, A47-11756
& A47-11757
Change of Address

Dear Claimant,

IDWR has been notified the address presently in our claim records for your co-claimant, R. T. Nail, is incorrect. We are hoping you can notify IDWR of his correct mailing address. Future notices related to his SRBA claim can be sent only to the address on his claim or as otherwise changed by you or by him.

If your address above is correct, please sign your name at the bottom of this letter, and return it to this office. Otherwise, please make the proper corrections, sign, and return this letter. Thank you for your help. We hope to assure that you and your co-claimant receive future notices about SRBA matters.

If the ownership of the property to which the water right referenced above apply has changed, 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,

Adjudication Bureau Staff

SC:ss:region

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The address of my co-claimant is:

Street _____

City _____ State _____ Zip Code _____

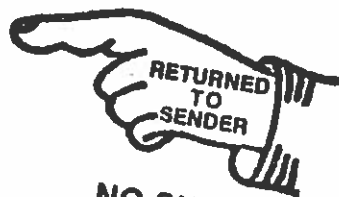
Claimant Signature

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

Write a - clm -> Matt Nail
file

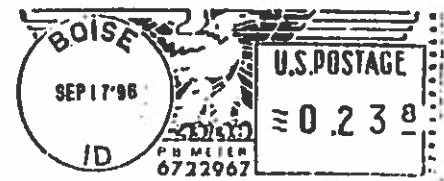
A45-10076✓
A45-10077✓
A47-11756✓
A47-11757✓

NO SUCH
() STREET () NUMBER
✓ A45-02452
RT NAIL
RT 1 BOX 4046
TWIN FALLS



ID 83301

PRESORTED
FIRST CLASS



RECEIVED
SEP 24 1998
Department of Water Resources

AUTO 83301



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

RECEIVED
JAN 10 1997
Department of Water Resources

is co-claimant only on A45-10077.

October 2, 1996

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

MATT NAIL
RT-1 4460 E 2900N
MURTAUGH ID 83344

Re: Snake River Basin Adjudication (SRBA)
Notices of Claim No. A45-10076, A45-10077, A47-11756
& A47-11757
Change of Address

'A' + 'R' Records Modified. - R Records for B. 47 records, modified A records. 001-10-1997.

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Sincerely,

Adjudication Bureau Staff

SO:ss:region

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The address of my co-claimant is:

Street 3485 N. 2800 E.

City Twin Falls State Id. Zip Code 83301

Matt Nail
Claimant Signature

JAN 13 1997

Department of Water Resource
Southern Region

