

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-85

RIGHT NUMBER: 45-10110

NAME & ADDRESS: CALVIN K PERKINS
RT 1
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: 06/30/1913

POINT OF DIVERSION: T11S R20E S08 SESW Within TWIN FALLS County

PURPOSE AND
PERIOD OF USE: PURPOSE OF USE PERIOD OF USE QUANTITY
DOMESTIC 1 HOUSE 01-01 12-31 0.04 CFS

home update 1896 HKE

PLACE OF USE: DOMESTIC Within TWIN FALLS County
T11S R20E S08 SESW

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. 11S20E08410

Claim proofread by: CVI

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: A45-10110
Date Received:
Receipt No: S004703
Received By: (m)

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CLAVIN K. PERKINS 208-432-5542
Address: RT 1
MURTAUGH, ID 83344
2. Date of Priority: JUN 30, 1913
3. Source: GROUNDWATER Trib. to:
4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
11S	20E	8	SE	SW			TWIN FALLS
5. Description of diverting works:
160' WELL, 1HP 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	20E	8	SE	SW		DOMEST	
11. Place of use in counties: TWIN FALLS

A45-10110

Page 1

Date: 01/31/89

MICROFILMED
MAR 09 1993

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 FALLS

IN 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- 10110
Date Received 12/19/88
Receipt Number 300 ~~4703~~ 4703

CHECK 307
\$25

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.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) CALVIN K. PERKINS Phone (208) 432-5542

Mailing Address RT. 1, MURTAUGH, ID Zip 83344

2. Date of Priority (Only one per claim) JUNE 30 1913 Month/Day/Year

3. Source of water supply (Check one) (X) Groundwater or Other () (a) _____

which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 11 S Range 20 E

Section 8, _____ 1/4 of SE 1/4 of SW 1/4, Govt. Lot _____, BM.,

County of TWIN FALLS

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 160' DEEP, PUMP 1 HP

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

For DOMESTIC purposes from 1/1 to 12/31 amount .04 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) D/I

MICROFILMED

MAR 09 1993

10. Place of use is: Township: 11S Range 20E

Section 8, SE 1/4 of SW 1/4, Govt. Lot _____, B.M.,

County of TWIN FALLS 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? TWIN FALLS

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.

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)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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 0

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

Signature of Claimant (s) Cabin K. Perkins Date 12-18-88

_____ 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 TWIN FALLS)

SS.

Subscribed and sworn (or affirmed) before me this 19TH day of DECEMBER 19 88

SEAL

Notary Public Jeff Peppersack

Residing at BOISE, ID

My Commission Expires 11/8/1994

Last Name PERKINS Ident No. _____

MICROFILMED
Copies: White-State, Yellow-Claimant

MAR 09 1993

WATER RIGHT NUMBER - A45-10110

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

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

+ - FIRST NAME - - +

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

*** C - CURRENT OWNER ***
PERKINS

CALVIN K.

1 - RT 1

2 -

3 -

CITY- MURTAUGH

PHONE - 208-432-5542

STATE- ID ZIP- 83344

+ - - PRIORITY DATE - - +
06/30/1913

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

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

+ - - - STATUS - - - - +

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

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

[illegible]

115 20E 8 SE SW (83) TWIN FALLS

| + | CODE | DESCRIPTION | PERIOD FROM | PERIOD TO | WATER USE | DIVERSION RATE | DIVERSION VOLUME | + |
|---|------|-------------|-------------|-----------|-----------|----------------|------------------|---|
|---|------|-------------|-------------|-----------|-----------|----------------|------------------|---|

43 - DOMESTIC

01/01

12/31

0.040

| + - TOTAL DIV. RATE - + | | + - TOTAL DIV. VOLUME - + | | + - TOTAL DIV. CAPACITY - + | | + - TOTAL CONSUMPTIVE USE - + | | + - KW USAGE - + | |
|-------------------------|-------|---------------------------|--|-----------------------------|--|-------------------------------|-----|------------------|--|
| | 0.040 | | | | | | 0.0 | | |

| TWN | RNG | SEC | TRACT | LOT | ACRES | PLACE OF USE CODE | DESCRIPTION | COUNTY |
|-----|-----|-----|-------|-----|-------|-------------------|-------------|---------|
| 14N | 10E | 36 | 36 | 1 | 0.10 | 000 | RESIDENTIAL | CLATSOP |

115

20E

3

SE SW

43

DOMESTIC

(83) TWIN FALLS

+ - - DIVERSION MEANS - 160' WELL, 1HP PUMP

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

+ - - OTHER RIGHTS FOR SAME USE - NONE

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

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

+ - - - - DECREE PLAINTIFF - - - +

+ - - - - DECREE DEFENDANT - - - +

+ - - AUDIT FIELDS - 03/21/59 CLELLAND 10/17/39 REFUNDML

MICROFILMED
OCT 27 1994

WATER RIGHT NUMBER - A45-10110

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - - - - COMMENTS - - - - - +
NO COMMENTS FOUND

+ - - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - - +

| | | | | | |
|-----------------------|--------------|-----------------------|--------------|-------------------------|---------|
| COURT REPORT FILING | - 00/00/0000 | FIELD INSPECTION MADE | - 00/00/0000 | CIVIL CASE NUMBER | - 39576 |
| OBJECTION FILED DATE | - 00/00/0000 | FIELD INSPECTION FLAG | - | OLD CASE NUMBER | - |
| RESPONSE FILED DATE | - 00/00/0000 | VERIFIED DATE | - 00/00/0000 | OLD JUDICIAL DISTRICT | - |
| CLAIM RECEIVED DATE | - 12/20/1988 | LAST AMENDED DATE | - 00/00/0000 | TEMPORARY RIGHT | - P |
| PROOF DUE DATE | - 00/00/0000 | PROOF MADE DATE | - 00/00/0000 | WATER DISTRICT | - |
| LICENSED DATE | - 00/00/0000 | RECEIPT NUMBER | - S004703 | FEDERAL/STATE INDICATOR | - S |
| CLAIMS TAPE ERROR FLG | - | POU OWNERSHIP FLAG | - Y | PRESUMPTION FLAG | - |
| FEE EXEMPT FLAG | - | NAME CONNECTOR | - | NOTICE OF ERROR FLAG | - |

11520E08410

DATA ENTRY

ENTERED

CHECKED

6/18/92
2/7/93

"Verified By"
Topo Map/Ortho-PQ
ASCS Map
Watermaster Records
NAPP Photos
Field Exam
Other (See Remarks)
County Records
Witness Statement
Project Records
IDWR Records

VERIFIED
OCT 29 1991

PROOF
SEP 16 1991

CERTIFIED
DEC 23 1991
WATER EXAMINER