

AJ0749NP
No. 45-10547

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 03/11/98
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	SERN C SORENSEN PO BOX 171 ALBION ID 83311 (208) 673-6692	08/20/1969	DOMESTIC	01-01 12-31	0.06 CFS	
				TOTAL DIVERSION:	0.06 CFS	
C	RONALD SORENSEN PO BOX 53 ALBION ID 83311 (208) 673-6697					

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion:

T12S R24E S12

SESW

CASSIA County

Place of use Legal Description for: DOMESTIC

				NE				NW				SW				SE								
T	R	S	:	NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:	
			:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:
12S	24E	12	:					:					:					:					:	
			:					:					:					:					:	

POU County: CASSIA

Non-Irrigation Uses: 2 HOMES

Other Rights: NONE

Conditions of Approval:

- N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
- DETERMINATION OF HISTORICAL BENEFICIAL USE.
- N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
- GALLONS PER DAY.

Remarks: EXP PARCEL NO. 12S24E126600

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:
Presumption Flag:

Comments: Date: 03/11/1998 User-ID: JROBERTS Subject: NAME CHANGE
CORRECTED SPELLING OF LAST NAME TO SORENSEN. jr

Date: 03/11/1998 User-ID: JROBERTS Subject: WELL SERVICES ONLY ONE HOME

From: DWR03::DSHAFF 11-MAR-1998 15:26:24.23
To: DWR60::JROBERTS
CC: DSHAFF
Subj: RE: changing non-irrigation field in Director's Report Recommendation

On 45-10547, the claimant called and said there was only 1 home on this well. There is another home but it has it's own well. They didn't file a claim on it because they bought the drilling permit about the same time they filed this claim and thought everything was covered. I told him there wasn't a separate claim for this other well and that he didn't have to file on it, but he wants to so I'm sending him a claim form for that. Now, the question is, how do I get the reference to 2 homes off this recommendation? Do they need to object? It isn't really an element, so what box do they check? Is there some simple way you could go in and change it or what??? Thanks, Jeanie

Hi Jeanie,

The element is Water Use for the number of homes. My reaction is the only way to get this changed is an objection. Of course they could ignore it and let the decree provide more than they have without any appreciable advantage. Other than the service of the Objection on two parties (State and US) with the original to the Court, an SF5 could go with the Obj. immediately resolving the obj. .

Don



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

March 11, 1998

RONALD SORENSEN
PO BOX 53
ALBION ID 83311

RE: FILING NEW DOMESTIC CLAIM

Dear Mr. Sorensen,

Enclosed are the forms I promised for filing a new claim on your domestic well. I have also enclosed a copy of the drilling permit for the well which should help to provide some of the information needed on the claim form. Please complete the form including your notarized signature and return it along with a check for \$25.00. Your new claim will be included in a future Director's Report for your basin.

As far as the other matter with 45-10547 mentioning it is for 2 homes, the only way to correct that is to file an Objection. If you wish to have this item corrected, it would probably be easiest to come to the office. We can help you fill out the Objection form and assist you in making the required copies.

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

Sincerely,

Jeanie Robertson
Sr. Water Resource Agent

AJ0749NP
No. 45-10547

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 03/11/98
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Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion:

T12S R24E S12

SESW

CASSIA County

Place of use Legal Description for: DOMESTIC

				NE				NW				SW				SE				
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:
12S	24E	12	:																	:
			:																	:

POU County: CASSIA

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Remarks: EXP PARCEL NO. 12S24E126600

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ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 03/11/98
PAGE: 2

=====

Comments: Date: 03/11/1998 User-ID: JROBERTS Subject: WELL SERVICES ONLY ONE HOME
AFTER RECEIVING COPY OF DIRECTOR'S REPORT RECOMMENDATION,
CLAIMANT CALLED AND SAID THERE WAS ONLY ONE HOME ON THIS WELL.
THERE IS ANOTHER HOME, BUT IT HAS IT'S OWN WELL. INTENDS TO FILE
ADDITIONAL CLAIM FOR THIS OTHER HOME AND WELL. jr

Audit: 03/11/98 JROBERTS

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-353

RIGHT NUMBER: 45-10547

NAME & ADDRESS: SERN C SORENSON
BOX 171
ALBION ID 83311

RONALD SORENSON
BOX 53
ALBION ID 83311

SOURCE: GROUNDWATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 08/20/1969

POINT OF DIVERSION: T12S R24E S12 SESW Within CASSIA County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 2 HOMES	01-01 12-31	0.06 CFS

PLACE OF USE: DOMESTIC Within CASSIA County
T12S R24E S12 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. 12S24E126600

KKC
Claim proofread by: C.A.
Date: 9-26

From: DWR03::DSHAFF 11-MAR-1998 15:26:24.23
To: DWR60::JROBERTS
CC: DSHAFF
Subj: RE: changing non-irrigation field in Director's Report Recommendation

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March 11, 1998

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PO BOX 53
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If you have any questions or I can be of further assistance, feel free to give me a call 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: A45-10547

Date Received: 5/16/1989

Receipt No: S007142

Received By: *name spelling correction*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SERN C SORENSEN 208-673-6692
Address: PO BOX 171
ALBION ID 83311

AND/OR

Name: RONALD SORENSEN 208-673-6697
Address: PO BOX 53
ALBION ID 83311

2. Date of Priority: AUG 20, 1969

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
12S	24E	12	SE	SW			CASSIA

5. Description of diverting works:
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	0.060		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/2 HOMES

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
12S	24E	12	SE SW		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:
NONE

14. Remarks:

CORRECTED SPELLING OF LAST NAME TO SORESENSEN. 3/11/98 jr

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 _____

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	CUSTOMER	
March 11, 1998 11:09am	RON SORENSEN	A45-00250A, A45-00288A, A45-00521B, A45-07373, A45-10547, 45-10547

SUBJECT: DIRECTOR'S REPORT ERROR
phone call (X) walk-in (.)

He called with a question/correction on a Director's Report Recommendation he'd recently received. He didn't know the number and when I tried to do a query under Sorensen, I found no D & S right. He said he'd call back with the number. After I thought about it, I decided to try the query under Sorenson. That's when I found that the claims mentioned above needed the names to all read Sorensen...

45-10547

The question he had on this one was that it was for "2 homes". He said it is actually for one home. There is another home but it has its own well. The second well was drilled about the same time as the claims were filed so he thought when he paid for the drilling permit he had taken care of things. I explained that the second well didn't have a claim on it. He was not required to have a claim or water right for the domestic use, but he could still file a claim on it if he desired. He asked me to send him the form and said he intends to file a claim on his well. I sent him a copy of the drilling permit...

6/9/94

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09/07/91 10:31:11
PAGE 1

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

OCT 28 1994

09/07/91 10:31:11
PAGE 2

CERTIFIED
OCT 24 1991
WATER EXAMINER

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
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AND/OR

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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): *[Signature]* Date: 5/16/89
_____ Date: _____

State of Idaho)
County of OF) SS.

Subscribed and sworn (or affirmed) before me this 16 day th
of May 19 89 *[Signature]*
Notary Public

Seal

Residing at OF

My Commission Expires 5/84