

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-676

RIGHT NUMBER: 45-10994

NAME & ADDRESS: DOROTHY M OKELBERRY
RT=4 BOX 4073
BURLEY ID 83318

SOURCE: GROUNDWATER

QUANTITY: 0.07 CFS

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

PRIORITY DATE: 01/01/1937

POINT OF DIVERSION: T10S R22E S26 SWSNW Within CASSIA County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.03 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: STOCKWATER Within CASSIA County
T10S R22E S26 SWNW

DOMESTIC Within CASSIA County
T10S R22E S26 SWNW

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. 10S22E263860

Claim proofread by: C.A.

Date: _____

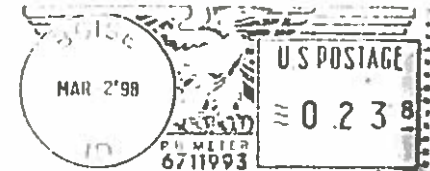
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720
Boise, Idaho 83720-0098

RETURN SERVICE REQUESTED

DATE SENT: JUNE
REMAILED

PREPAID
FIRST CLASS



3/12/98 AM
IMPORTANT WATER RIGHT INFORMATION

31 So. 300 W.

45-10994
DOROTHY M OKELBERRY
RT 4 BOX 4073
BURLEY ID 83318

RECEIVED
MAR 06 1998
Department of Water Resources

83318X9410 83318



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: A45-10994
Date Received: 6/02/1989
Receipt No: S007446
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DOROTHY M. OKELBERRY 208-678-5900
Address: RT. 4 BOX 4073
BURLEY, ID 83318

2. Date of Priority: JAN 01, 1937

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	22E	26	SW	SW	NW		CASSIA

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		
STOCKWATER	01/01	12/31	0.030		

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/150 HOGS

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	22E	26	SW	NW		DOMEST	
			SW	NW		STOCK	

A45-10994

Page 1

Date: 06/02/89

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:

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 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. A45-10994
Date Received _____
Receipt Number 5007446 *see*RECEIVED NOTICE OF CLAIM RECEIVED
TO A
WATER RIGHT

MAY 31 1989

MAY 22 1989

Department of Water Resources
Southern Region OfficeDepartment of Water Resources
Southern Region OfficeACQUIRED 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) DOROTHY M. O'KELVERRY Phone (808) 678-5900Mailing Address RT4 Box 4073 Zip 833182. Date of Priority (Only one per claim) 1-1-37 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) 22R

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 10S Range 22 EastSection 26, SW 1/4 of SW 1/4 of NW 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 & 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>	Month/Day	to	<u>12/31</u>	Month/Day	amount	<u>0.04</u>	(cfs)
(Both dates are inclusive)									
For <u>livestock</u>	purposes from	<u>7/1</u>	Month/Day	to	<u>12/31</u>	Month/Day	amount	<u>0.03</u>	(cfs)

7. Total quantity claimed 0.07 (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 - 150 head dogs

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10. Place of use is: Township: 10 S Range 22 East
Section 26, SW 1/4 of NW 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 (X)

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) _____

Number of Attachments no docket

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

Signature of Claimant (s) Dorothy M. Oelberry Date 5-18-89
_____ 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 Cassia } SS. 518-449672

Subscribed and sworn (or affirmed) before me this 18 day of May 1989

SEAL

Notary Public Bruce A. [Signature]

Residing at Boise Idaho

My Commission Expires 4/11/95

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

May 24, 1989

Dorothy M. O'Kelberry
Rt. 4 Box 4073
Burley, ID 83318

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 1654 for \$ 25.00 which you submitted to our office. I am returning these pursuant to Rule 10,4 of the Department's Adjudications Rules and Regulations. In checking your claim it appears that the following items need clarification:

- ☒ Item #2 Priority DAY/MONTH/YEAR
- ☒ Item #4 Point of Diversion Legal Description RANGE ?
- ☐ Item #6 Uses descriptions
- ☐ Item #9 Description of Non-irrigation Uses
- ☒ Item #10 Place of Use Legal Description RANGE ?
- ☐ Item #16 Signature & Notorization
- ☐ Improper fee (THE CORRECT FEE IS \$)
- ☐ Other or Remarks

If you wish to continue to press your claim please find enclosed instructions and another claim form to use. If you will make the necessary corrections and return your claim with the correct fee and a copy of this letter within 30 DAYS of the date of this letter, your filing will be considered timely and will not be assessed an additional late fee of \$ 50.00.

Sincerely,


Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm
Enclosures:
scv

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MAR 08 1990

10. Place of use is: Township: 10 S Range
Section 26 SW 1/4 of NW 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 (4)

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)

Number of Attachments no docket

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

Signature of Claimant (s) Dorothy M. Belberry Date 5-18-89
 Date

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

of Organization , that I have signed the foregoing

document in the space below as of 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 } ss. 518-449672
County of Cassia }

Subscribed and sworn (or affirmed) before me this 18 day of May 1989

SEAL

Notary Public Bruce A. [Signature]

Residing at Boise Idaho

My Commission Expires 4/11/95

Last Name Ident No.

Copies: White-State, Yellow-Claimant

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MAR 18 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: A45-10994

.Dorothy M. Okelberry
.Rt 4 Box 4073
.Burley Id 83318

Dear Claimant(s):

Please find enclosed your receipt and a copy of a computer generated claim(s) based on the information from your original claim(s) which has been entered in our computer records.

Please review the computer generated claim(s) 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 cursive script, appearing to read 'Judy'.

Judy Givens
Office Secretary

/jg

Enclosure(s):

MICROFILMED
MAR 08 1993

CERTIFIED
DEC 25 1991
WATER EXAMINER