

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-687

RIGHT NUMBER: 45-11011

NAME & ADDRESS: JAMES R GIBSON
JACKIE M GIBSON
PO BOX 454
BURLEY ID 83318

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 01/18/1977

POINT OF DIVERSION: T11S R23E S14 NWNWNW Within CASSIA 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 CASSIA County
T11S R23E S14 NWNW

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. 11S23E143375

Claim proofread by: C. A.
Date: 9-22

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: A45-11011
Date Received: 6/02/1989
Receipt No: M003819
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JAMES R. GIBSON 208-678-0820
Address: P.O. BOX 454
BURLEY, ID 83318

OR

Name: JACKIE M. GIBSON 208-678-0820
Address: P.O. BOX 454
BURLEY, ID 83318

2. Date of Priority: JAN 18, 1977

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
11S	23E	14	NW	NW	NW		CASSIA

5. Description of diverting works:
WELL 190' DEEP WITH 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/ ONE HOUSEHOLD

A45-11011

Page 1

Date: 06/02/89

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MAR 08 1993

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
11S	23E	14	NW NW		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:

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. 945-11011Date Received 6-2-89/9Receipt Number 1003819

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) JAMES R. OR JACKIE H. GIBSON Phone (208) 678-0820Mailing Address P.O. Box 454, BURLEY, ID Zip 833182. Date of Priority (Only one per claim) 1/18/77 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 11 SOUTH Range 23 EAST, BOISE MERIDIANSection 14, NW 1/4 of NW 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. 190 FT. WELL WITH PUMP.

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

For DOMESTIC purposes from 1/1 Month/Day to 12/31 Month/Day amount 0.04 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 (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, TWO HORSES

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MAR 18 1989

10. Place of use is: Township: 11 SOUTH Range 23 EAST, BOISE MERIDIAN
Section 14, NW 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

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

Number of Attachments _____

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

Signature of Claimant (s) Jackie M. Gibson Date 6-2-89

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.

Subscribed and sworn (or affirmed) before me this 2nd day of May 1989

SEAL

Notary Public Ann K. Koenig

Residing at _____

My Commission Expires _____

Last Name _____ Ident No. _____

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Copies: White-State, Yellow-Claims
MAR 11 1993

OLD (D) NUMBER -

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

PHONE - 208-678-0820

JACKIE M.

+ - - - STATUS - - - - +

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

ION - - - - - +
STREAM INDEX (BLANK IF NO INDEX CODE)

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

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

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OCT 26 1994

