

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-744

RIGHT NUMBER: 45-11096

NAME & ADDRESS: MICHAEL L ELLIS
JUDY K ELLIS
304 W 25TH
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: 03/06/1974

POINT OF DIVERSION: T10S R23E S29 NESESW 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
T10S R23E S29 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. BZN010000010

Claim proofread by: CA

Date: 9-23

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: A45-11096
Date Received: 6/21/1989
Receipt No: S007562
Received By: lu

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MICHAEL L. ELLIS 208-678-9308
Address: 304 W 25TH
BURLEY, ID 83318

AND/OR

Name: JUDY K. ELLIS 208-678-9308
Address: 304 W 25TH
BURLEY, ID 83318

2. Date of Priority: MAR 06, 1974

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
10S	23E	29	NE	SE	SW		CASSIA

5. Description of diverting works:
6"X70' WELL, 1HP PUMP, 60GPM

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
10S	23E	29	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:
CITY WATER FOR CULINARY USE

14. Remarks:
BOB BAKER & CLAIMANT OWN WELL AS EQUAL PARTNERS.

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. A45-11090
Date Received 5/30/89 6-5-89
Receipt Number 5067562NOTICE OF CLAIM RECEIVED
TO A
WATER RIGHT

JUN 5 1989

Department 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) Michael L Ellis (or) Judy K. Phone (208) 678-9308Mailing Address 304 W 25th Burley, Idaho Zip 833182. Date of Priority (Only one per claim) March 6 1974 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 10S Range 23ESection 29, 1/4 of SE 1/4 of SW 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. 6" X 70' Well 60 gpm 1 H.P. Pump

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 minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) D/I House

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MAR 8 9 1989

10. Place of use is: Township: 105 Range 23E

Section 29, SE 1/4 of SW 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 _____ No X

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 (✓)

City water for Culinary Use

14. Remarks: Bob Baker & I (Mike Ellis) own the well as equal Partners

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 _____

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

Signature of Claimant (s) Michael P. Ellis Date 5/31/89

Date _____

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

of _____, Title _____, 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 31st day of May 19 89

SEAL

Notary Public Roberta McCord

Residing at Burley ID

My Commission Expires 8/30/91

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 09 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

Aug. 21, 1989

Re: A45-11096

MICHAEL L ELLIS
304 W 25TH
BURLEY ID 83318

Dear Claimant(s):

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

Please review the computer generated claim 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 you claim(s), please contact this office.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Judy'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 09 1993

OLD (D) NUMBER -

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

PHONE - 208-678-9308

+ - - - STATUS - - - - +

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

STREAM INDEX (BLANK IF NO INDEX CODE)

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OCT 26 1994

