

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-881

RIGHT NUMBER: 45-11280

NAME & ADDRESS: DENNIS SCHRENK
CANDACE SCHRENK
RT 1 BOX 58A
DECLO ID 83323

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 07/30/1976

POINT OF DIVERSION: T10S R24E S25 SWSNW 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 R24E S25 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. 10S24E254000

Claim proofread by: C. H.

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: A45-11280
Date Received: 6/21/1989
Receipt No: S007800
Received By: lw

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DENNIS SCHRENK 208-654-2557
Address: RT 1 BOX 58A
DECLO, ID 83323

AND/OR

Name: CANDACE SCHRENK 208-654-2557
Address: RT 1 BOX 58A
DECLO, ID 83323

2. Date of Priority: JUL 30, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	24E	25	SW	SW	NW		CASSIA

5. Description of diverting works:
6"X85' WELL

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

A45-11280

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Date: 06/21/89

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10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	24E	25	SW 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. 145-11280

Date Received 6-7-89

Receipt Number 5007800

RECEIVED NOTICE OF CLAIM
TO A
WATER RIGHT

JUN 7 1989

Department of Water Resources
Southern Region Office

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) Dennis & Candace Schrenk Phone (208) 654-2557

Mailing Address RT #1 Box 58A Declo Idaho Zip 83323

2. Date of Priority (Only one per claim) 7-30-1976 Month/Day/Year

3. 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 24E

Section 25, 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. 6" casing + 85 feet deep

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 _____ (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) One household

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10. Place of use is: Township: 10S Range 24E
Section 25, SW 1/4 of SW 1/4, Govt. Lot NW, 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 _____
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)

Number of Attachments _____

By signing I/We acknowledge reading the notice on the back of this claim form. I/We wish to receive for a small annual fee monthly copies of the docket sheet.
YES _____ NO X

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

Signature of Claimant (s) x Candace Schrenk Date 6-1-89
x Dennis Schrenk Date 6-1-89

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

of _____, that I have signed the foregoing
Organization
document in the space below as _____ of _____

and that the statements contained in the foregoing document are true and correct.
Title Organization

Signature of Authorized Agent Candace Schrenk Date 6-1-89

Title and Organization _____

State of Idaho/or _____)
County of Cassia) SS.

Subscribed and sworn (or affirmed) before me this _____ day of June 19 89

SEAL

Notary Public Nelda Matthews

Residing at Deer, Idaho

My Commission Expires 6-1-91

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, 18, 1989

Re: A45-11280

. DENNIS SCHRENK
. RT 1 OBX 58A
. DECLO ID 83323

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:

MICROFILMED
MAR 09 1993

GLO (C) NUMBER -

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 NO CONDITIONS OF APPROVAL FOUND.
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 MICROFILMED 28 1994

MICROFILMED
OCT 28 1994

PROOF
SEP 16 1991