

Water Right Number - R45-11295

Prefix Translation: RESEARCH

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** C - CURRENT OWNER ***

SHERFEY	KENNETH W	1 - PO BOX 144 2 - 3 - City- OAKLEY Phone - 208-000-0000	State- ID Zip- 83346
SHERFEY	RENEE	1 - PO BOX 144 2 - 3 - City- OAKLEY Phone - 208-000-0000	State- ID Zip- 83346

+ - - Priority Date - - + + - - Region - - - + + - - Stage - - - + + - - Status - - - +
12/31/1896 17 SOUTHERN J - BENEFICIAL USE

+ - - - - Source - - - - - + + - - - - Tributary - - - - - +
~~UNWAMPED~~ SPRING SINKS

TwN	Rng	Sec	Tract	Lot	Rflg	County	Point of Diversion	Diversion Name
15S	23E	4	SW SW		(31)	CASSIA		

Code	Description	Period From	Period To	Diversion Rate	Diversion Volume
04 - STOCKWATER		01/01	12/31	0.050	1.02

+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Div. Capacity - + + - Total Consumptive Use - + + - KW Usage - +
0.050 1.02 0.0

TwN	Rng	Sec	Tract	Lot	Acres	Code	Place of Use	Description	County
15S	23E	4	SW SW			04	STOCKWATER		(31) CASSIA

+ - - Diversion Means - NONE

+ - - Non-Irrigation Use - STOCKWATER, 80 BEEF STOCK

+ - - Other Rights for Same Use - NONE

+ - - - - Remarks - - - - - +
GEN PARCEL NO. 15S23E045400

+ - - - - Old Water Right Numbers - - - - - +
No Old Water Right Numbers found.

2.5-98

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: A45-11295
Date Received: 6/20/1989
Receipt No: S007745
Received By: tw

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: KENNETH W. SHERFEY
Address: P.O. BOX 144
OAKLEY, ID 83346

AND/OR

Name: RENEE SHERFEY
Address: P.O. BOX 144
OAKLEY, ID 83346

2. Date of Priority: DEC 31, 1896

3. Source: UNNAMED SPRING Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
15S	23E	4	SW	SW			CASSIA

5. Description of diverting works:
NONE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.030		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
S/80 BEEF STOCK

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
15S	23E	4	SW SW		STOCK	

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. A45-11295Date Received 6-6-89Receipt Number 5007745RECEIVED
JUN 6 1989
Department of Water Resources
Southern Region OfficeNOTICE OF CLAIM
TO A
WATER RIGHTACQUIRED 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) Kenneth W SherFey or Renee Phone () _____Mailing Address P.O. Box 144, Oakley, ID. Zip 833462. Date of Priority (Only one per claim) 12/31/1896 Month/Day/Year3. Source of water supply (Check one) () Groundwater or Other ☒ (a) Un named Spring
Name or kind of sourcewhich is tributary to (b) Sinks4. Location of point of diversion is: Township 155 Range 23ESection 4, 1/4 of SW 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. Spring flows out of ground - no structure

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

For Stock purposes from 4/1 Month/Day to 12/31 Month/Day amount .03 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .03 (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) 5/80 Beef Cattle

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MAR 09 1993

10. Place of use is: Township: 155 Range 23E

Section 04, SW 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 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 _____

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 Kenneth W. Shufy Date X 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 June 1989

SEAL

Notary Public Robert V. Herstell

Residing at Twin Falls, Idaho

My Commission Expires 1/16/1995

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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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. 23, 1989

.KENNETH W SHERFEY
.P O BOX 144
.OAKLEY ID 83346

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,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

A45-11291

A45-11292

A45-11293

A45-11294

Re: A45-11295-

A45-11296

A45-11297

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