



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

August 12, 1998

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

ORLLO KIDD
1000 E HWY 81
DECLO ID 83323

RE: Snake River Basin Adjudication (SRBA)
Decreed Water Right 45-11318
Change of Address Notification

Dear Claimant(s):

Thank you for notifying us of your change in Address on the water right referenced above. Our records have been updated accordingly. Enclosed you will find a computer printout of your water right showing the requested change.

If you have any questions, please feel free to contact this office.

Sincerely,

Trish Fawcett
Technical Records Specialist

/tf



IDAHO DEPARTMENT OF WATER RESOURCES
SOUTHERN REGION
222 SHOSHONE ST E
TWIN FALLS ID 83301
(208) 736-3033

REGISTRATION

PHILIP E BATT
GOVERNOR

AUG 04 1998

KARL J DREHER
DIRECTOR

Department of Water Resources
Southern Region

CHANGE IN ADDRESS OF THE NOTICE OF CLAIM IN THE SNAKE RIVER BASIN ADJUDICATION

☐ Water Right Number(s):

4511318

☐ Old Mailing Address:

☐ New Mailing Address:

Orino Road
1000 E Hwy 81

Declo, Id. 83323

☐ New Telephone Number:

(208) 654-2477

☐ Signature of Claimant(s):

Orino Road

Date:

8-3-98

FOR IDWR USE ONLY

Initial Review and Data Entry

Date: By:

Further Action Needed:

Further Action Taken

Date: By:

Final Review and Data Entry

Date: 8-5-98 By: *JD*

*** Change of Address only - please complete items #1, #4, & #7.

STATE OF IDAHO
IDAHO DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

RECEIVED

SEP 09 1998

Department of Water Resources
Southern Region

Please print or type. Attach pages with additional information. Instructions are on the back of this page.
 Incomplete forms will be returned.

1. Water Right or Adjudication Claim No(s): RP 095156 2536 00 47-11381
2. The following REQUIRED information must be submitted with this form:
 - A. A copy of the most recent DEED, TITLE POLICY, CONTRACT OF SALE or other legal document indicating your ownership of the property and water rights or claims in question, WITH ATTACHED LEGAL DESCRIPTION.
AND
 - B. PLAT OF PROPERTY or SURVEY MAP for parcel of ten acres or less. (These are usually attached to your deed or on file with the county.)
OR
 - C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency AERIAL PHOTO with irrigated acres outlined and point(s) of diversion clearly marked.
3. Name and Address of Former Owner/Claimant Viola C Hicks
RT 4 Box 136, BUHL, ID 83316
4. New Owner/Claimant(s) GERALD and/or DONNA Van Elderen
Name Connector (Check one): ☐ and, ☐ or, ☒ and/or
 New Mailing Address 4240 N 2000E
 City, State and ZIP Code BUHL, ID 83316
 New Telephone Number (208) 326-4414
5. Date you acquired the property Aug 27 1996
6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.

Number of acres you irrigate _____ Number and type of stock Up to 75

Diversion rate in CFS .04 Number of homes 1 Other uses _____

If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.
7. Signature of New Owner or Claimant(s) Gerald Van Elderen
8. For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him or her for all matters related to your claims.

Corporations or other organizations must submit a list of directors and/or officers demonstrating authority to sign this form.

AJ5855NP
2693

IDAHO DEPARTMENT OF WATER RESOURCES
INDIVIDUAL LISTING FROM DIRECTOR'S REPORT
OF WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: August 7, 1998

PAGE: 1

RIGHT NUMBER: 47-11381

NAME AND ADDRESS: VIOLA C HICKS
RT 4 BOX 136
BUHL ID 83316

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY-DATE: 01/01/1914

POINT OF DIVERSION T09S R15E S25 NWNWSW Within TWIN FALLS County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 1 HOUSE	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within TWIN FALLS County
T09S R15E S25 NWSW

OTHER MATTERS 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
RP 09S15E25S3600

RECEIVED

SEP 09 1998

Department of Water Resources
Southern Region



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

September 15, 1998

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

GERALD VAN ELDEREN
DONNA VAN ELDEREN
4240 N 2000 E
BUHL ID 83316

RE: OWNERSHIP CHANGE FOR ADJUDICATION CLAIM A47-11381

Dear Mr. and Mrs. VanElderen:

Thank you for returning the NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP form. Our records, however, cannot be updated without the required information listed under item 2 of the ownership change form. Specifically, we need a copy of your warranty deed, title policy or contract of sale (with attached legal description) along with a plat or survey map.

I am returning your original ownership change form. Please attach the required information and return the entire packet to me in the enclosed self-addressed envelope. As soon as I receive this information, I will update our records and notify you by mail when the changes have been completed.

Thank you for your prompt attention to this matter and should you have any questions please feel free to contact me.

Sincerely,

Trish Fawcett
Technical Records Specialist

enc.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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

RETURN SERVICE REQUESTED

IMPORTANT WATER RIGHT INFORMATION

3/6

45-11318
ORLLO KIDD
10000 E NORTHSIDE HWY
DECLO ID 83323

- ☐ MOVED, LEFT NO ADDRESS
- ☐ NOT DELIVERABLE AS ADDRESSED
- ☐ UNABLE TO FORWARD
- ☐ ATTEMPTED - NOT KNOWN
- ☐ UNCLAIMED ☐ REFUSED
- ☐ NO SUCH STREET - NUMBER
- ☐ NO POST OFFICE IN THIS ENVELOPE
- ☐ NO POST OFFICE ADDRESS
- ☐ NO POST OFFICE
- ☐ NO ORDER

RECEIVED

MAR 05 1998

Department of Water Resources

1000 E HWY 81
DECLO, ID
83323-5060



AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-909

RIGHT NUMBER: 45-11318

NAME & ADDRESS: ORLLO KIDD
10000 E NORTHSIDE HWY
DECLO ID 83323

SOURCE: GROUNDWATER

QUANTITY: 0.07 CFS

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

PRIORITY DATE: 06/15/1979

POINT OF DIVERSION: T10S R24E S25 SWNWSE 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 R24E S25 NWSE

DOMESTIC Within CASSIA County
T10S R24E S25 NWSE

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. 10S24E258000
STOCKWATER, 100 CATTLE, 1 HORSE

Claim proofread by: CM

Date: 9-25

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: A45-11318
Date Received: 6/21/1989
Receipt No: S007778
Received By: See

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ORLLO KIDD 208-654-2477
Address: STAR RT. BOX A-4
DECLO, ID 83323

2. Date of Priority: JUN 15, 1979

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

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

5. Description of diverting works:
8"X 65' WELL, 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/100 CATTLE, 1 HORSE

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
10S	24E	25	NW	SE		DOMEST	
			NW	SE		STOCK	

A45-11318

Page 1

Date: 06/21/89

MICROFILMED
MAR 09 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 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. A45-11318
Date Received _____
Receipt Number 500 7778 *sc*

**RECEIVED NOTICE OF CLAIM
TO A
WATER RIGHT**

JUN 8 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) ORLLO KIDD Phone (208) 654-2477

Mailing Address STAR RT. Box A4 DELLO ID Zip 83323

2. Date of Priority (Only one per claim) June 15 1979 Month/Day/Year

3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source

4. Location of point of diversion is: Township 10 Range 24
Section 25, SW 1/4 of NW 1/4 of SE 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 8" Pump 65 FT.

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

	Month/Day	to	Month/Day	(cfs)
For <u>Domestic</u> purposes from	<u>1/1</u>	to	<u>12/31</u>	<u>.04</u>
	(Both dates are inclusive)			
For <u>livestock</u> purposes from	<u>1/1</u>	to	<u>12/31</u>	<u>.03</u>

7. Total quantity claimed .07 (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) 1 house - 100 cattle 1 horse

MICROFILMED
MAR 09 1993

10. Place of use is: Township: 10 Range 24

Section 25, SW 1/4 of NW 1/4, Govt. Lot SE, 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 _____

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

16. Signature (s) _____

Number of Attachments 0

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

Signature of Claimant (s) [Signature] Date 6-5-89
_____ Date _____

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 _____
Title 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 _____ }
County of _____ } SS.

Subscribed and sworn (or affirmed) before me this 5th day of June 19 89



Notary Public Valerie A. Kelley
Residing at Declo Id.
My Commission Expires 11-1-94

Last Name _____ Ident No. _____

MY COMMISSION EXPIRES 11-1-94
Copies: White - Notary Public **MICROFILMED**
RESIDING AT DECLO, IDAHO
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. 11, 1989

Re: A45-11318

.ORLLO KIDD
.STAR RT BOX A-4
.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 your claim(s), please contact this office.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Judy Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED
MAR 09 1993

OLD (D) NUMBER -

+ ADDRESS +

STATE- ID ZIP- 83323

+ - - - STATUS - - - - +

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

STREAM INDEX (BLANK IF NO INDEX CODE)

DIVERSION RATE DIVERSION VOLUME

| | | | | | | | |
|-----|-----|----|-------|----|------------|-------|--------|
| 10S | 24E | 25 | NW SE | 04 | STOCKWATER | (31) | CASSIA |
| 10S | 24E | 25 | NW SE | 43 | DOMESTIC | (31) | CASSIA |

+ - - OTHER RIGHTS FOR SAME USE - NONE

----- OLD WATER RIGHT NUMBERS -----
NO OLD WATER RIGHT NUMBERS FOUND.

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

+ - DECREE DATE - +
00/00/0000

00/00/0000
MICROFILMED
OCT 20 1994

