

AJ5856NP

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

DATE: SEP-9-1997  
PAGE: A-964

RIGHT NUMBER: 45-11381

NAME & ADDRESS: WALTER POVlsen  
SHIRLEY POVlsen  
PO BOX 983  
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: 12/31/1973

POINT OF DIVERSION: T10S R23E S27 SENEW Within CASSIA County

| PURPOSE AND<br>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 S27 NENW

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. 10S23E272900

Claim proofread by: CM

Date: 9-8-97

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: A45-11381  
Date Received: 6/22/1989  
Receipt No: S007843  
Received By: SC

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: WALTER POVLSEN 208-678-8549  
Address: P.O. BOX 983  
BURLEY, ID 83318

AND/OR

Name: SHIRLEY POVLSEN 208-678-8549  
Address: P.O. BOX 983  
BURLEY, ID 83318

2. Date of Priority: DEC 31, 1973

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   | 27      | SE     | NE     | NW     |     | CASSIA |

5. Description of diverting works:  
6"X 294' WELL, 3 HP 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/1 HOUSE

A45-11381

Page 1

Date: 06/22/89

MICROFILMED  
MAR 09 1993

10. Place of Use:

| Township | Range | Section | 1/4 of 1/4 | Lot | Use    | Acres |
|----------|-------|---------|------------|-----|--------|-------|
| 10S      | 23E   | 27      | NE 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. A45-11381

Date Received

Receipt Number 500 7843 SCC

NOTICE OF CLAIM  
TO A  
WATER RIGHT

RECEIVED

JUN 2 1989

ACQUIRED UNDER STATE LAW  
For Domestic and/or Stockwater Purposes  
Where Daily Use is less than 13,000 gallons per day.

Department of Water Resources  
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Walter and/or Shirley Povlsen Phone (208) 678-8549

Mailing Address P. O. Box 983 Burley, Id Zip 83318

2. Date of Priority (Only one per claim) 1973 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 10 S Range 23 E

Section 27 , SE 1/4 of NE 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. Well, 6" Casing 294 ft deep 3hsp motor

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

For domestic purposes from 1-1 <sup>Month/Day</sup> to 12-31 <sup>Month/Day</sup> amount 0.04 (cfs)

(Both dates are inclusive)  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total quantity claimed 0.04 (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 household

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MAR 09 1989

MAR 09 1955



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

July 3, 1989

245-11381

. Walter Povlsen  
. P.O. Box 983  
. Burley, Idaho 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 your claim(s), please contact this office.

Yours truly,

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

Judy Givens  
Adjudication Secretary

/jg

Enclosures:

MICROFILMED  
MAR 09 1993

OLD (D) NUMBER -

MICROFILMED  
OCT 20 1994

PROOF  
SEP 17 1991

CERTIFIED  
DECEMBER 3 1991  
WATER EXAMINER