

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-974

RIGHT NUMBER: 45-11395

NAME & ADDRESS: LA RAINE FAIRCHILD
BYRON DALE FAIRCHILD
RT 1 BOX 394
RUPERT ID 83350

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 09/09/1912

POINT OF DIVERSION: T09S R25E S31 LOT 2 (SWNW) Within CASSIA County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.02 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: STOCKWATER Within CASSIA County
T09S R25E S31 Lot 2 (SWNW)

DOMESTIC Within CASSIA County
T09S R25E S31 Lot 2 (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. 09S25E313600
STOCKWATER, 4 HORSES

[Handwritten signature]

Claim proofread by: *CA*
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: A45-11395
Date Received: 6/08/1989
Receipt No: S007881
Received By: A. H. S. K.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: BYRON DALE FAIRCHILD 208-436-4076
Address: RT. 1, BOX 394
RUPERT, ID 83350

OR
Name: LA RAINE FAIRCHILD 208-436-4076
Address: RT. 1, BOX 394
RUPERT, ID 83350

2. Date of Priority: SEP 09, 1912

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
09S	25E	31	SE	NW		2	CASSIA

5. Description of diverting works:
6" X 75' WELL, 3/4 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		
STOCKWATER	01/01	12/31	0.020		

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, S/4 HORSES.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
09S	25E	31	SW	NW		DOMEST	
			SW	NW		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. A45-11395Date Received 6-8-89Receipt Number 5007869

788/

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) Byron Dale Fairchild or LaRaine Fairchild Phone (208) 436-4076Mailing Address RT 1 Box 394 Rupert, Idaho Zip 833502. Date of Priority (Only one per claim) September 8/9/1912 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 9 Range 25 EastSection 31 SE 1/4 of 14W Lot 2 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. 75" Deep 6" casing 3/4 Hop.

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

For Domestic and livestock purposes from 11/1 Month/Day to 12/31 Month/Day amount 0.04 (cfs)

(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (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) 1 House 4 horsesMICROFILMED
MAR 09 1993

10. Place of use is: Township: 9 South Range 25 East
Section 31, SW 1/4 of NW ^{Lot 2} 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 _____
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 _____

No docket sheet

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

Signature of Claimant (s) Byron D. Fairchild Date 5-26-89

Loraine Fairchild Date 5-26-89

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 _____
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 MINIDOKA } SS.

Subscribed and sworn (or affirmed) before me this 26th day of MAY 19 89

SEAL

Notary Public Camela Simon

Residing at DEULO, IDAHO

My Commission Expires 12-2-93

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

MICROFILMED

MAR 09 1993

B. N. Fairchild
RTI Box 394
Rupert, Idaho
83350.



Idaho Dept. of Water Resource
2148 4th ave. East
Twin Falls, Idaho
83301

MICROFILM
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

July, 31, 1989

A45-11395

Byron Dale Fairchild
Rt 1 Box 394
Rupert, Idaho 83350

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:

D

MICROFILMED
MAR 09 1993

WATER RIGHT NUMBER - A45-11395

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

+ - - - - - - - - LAST NAME - - - - - +

+ - FIRST NAME - - +

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

*** C - CURRENT OWNER ***
FAIRCHILD

BYRON DALE

1 - RT. 1, BOX 394
2 -
3 -
CITY- RUPERT
PHONE - 208-436-4076
1 - RT. 1, BOX 394
2 -
3 -
CITY- RUPERT
PHONE - 208-436-4076

STATE- ID ZIP- 83350

STATE- ID ZIP- 83350

FAIRCHILD

LA RAINE

+ - - PRIORITY DATE - - +
09/09/1912

+ - - - REGION - - - +
17 SOUTHERN

+ - - - STAGE - - - +
J - BENEFICIAL USE

+ - - - STATUS - - - - +

+ - - - - - SOURCE - - - - - +
GROUNDWATER

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

TWN	RNG	SEC	TRACT	LOT	RFLG	COUNTY	POINT OF DIVERSION	STREAM INDEX (BLANK IF NO INDEX CODE)
09S	25E	31	<i>SW</i> 31 NW	2		(31) CASSIA		

+	CODE	DESCRIPTION	PERIOD FROM	PERIOD TO	WATER USE	DIVERSION RATE	DIVERSION VOLUME
	43	DOMESTIC	01/01	12/31		0.040	
	04	STOCKWATER	01/01	12/31		0.020	

+ - TOTAL DIV. RATE - +		+ - TOTAL DIV. VOLUME - +		+ - TOTAL DIV. CAPACITY - +		+ - TOTAL CONSUMPTIVE USE - +		+ - KW USAGE - +	
0.040						0.0			

TWN	RNG	SEC	TRACT	LOT	ACRES	PLACE OF USE CODE	DESCRIPTION	COUNTY
09S	25E	31	SW NW	2		04	STOCKWATER	(31) CASSIA
09S	25E	31	SW NW	2		43	DOMESTIC	(31) CASSIA

+ - - DIVERSION MEANS - 6" X 75' WELL, 3/4 HP PUMP.

+ - - NON-IRRIGATION USE - D/1 HOUSE, S/4 HORSES.

+ - - OTHER RIGHTS FOR SAME USE - NONE.

+ - - - - - REMARKS - - - - - +	
	NO REMARKS FOUND.

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

MICROFILMED
OCT 20 1994

WATER RIGHT NUMBER - A45-11395

PREFIX TRANSLATION: ADJUDICATION CLAIM

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

+ - - - - DECREE PLAINTIFF - - - + + - - - - DECREE DEFENDANT - - - + + - DECREE DATE - +
00/00/0000

+ - - AUDIT FIELDS - 06/26/89 WORSTELL

+ - - - - COMMENTS - - - - -
NO COMMENTS FOUND

+ - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - -

COURT REPORT FILING	-	00/00/0000	FIELD INSPECTION MADE	-	00/00/0000	CIVIL CASE NUMBER	-	39576
OBJECTION FILED DATE	-	00/00/0000	FIELD INSPECTION FLAG	-		OLD CASE NUMBER	-	
RESPONSE FILED DATE	-	00/00/0000	VERIFIED DATE	-	00/00/0000	OLD JUDICIAL DISTRICT	-	
CLAIM RECEIVED DATE	-	05/12/1989	LAST AMENDED DATE	-	00/00/0000	TEMPORARY RIGHT	-	P
PROOF DUE DATE	-	00/00/0000	PROOF MADE DATE	-	00/00/0000	WATER DISTRICT	-	
LICENSED DATE	-	00/00/0000	RECEIPT NUMBER	-	5007881	FEDERAL/STATE INDICATOR	-	S
CLAIMS TAPE ERROR FLG	-		POU OWNERSHIP FLAG	-	Y	PRESUMPTION FLAG	-	
FEE EXEMPT FLAG	-		NAME CONNECTOR	-	OR	NOTICE OF ERROR FLAG	-	

09525E313600

DATA ENTRY

ENTERED 1/14/93 RJ
CHECKED 2/6/93 RJ

"Verified By"
Topo Map/Ortho-PQ
ASCS Map
Watermaster Records
NAPP Photos
Field Exam
Other (See Remarks)
County Records
Witness Statement
Project Records
IDWR Records

VERIFIED
NOV 11 1991

CERTIFIED
DEC 13 1991
WATER EXAMINER

PROOF
SEP 17 1991