

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-982

RIGHT NUMBER: 45-11404
NAME & ADDRESS: CATHERINE THOMPSON
CHARLES THOMPSON
RT 1 BOX 87
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: 06/27/1928

POINT OF DIVERSION: T10S R24E S25 SWSW 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 SWSW

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. 10S24E256300

Claim proofread by: CA
Date: 9-25

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

3/4
45-11404

CATHERINE THOMPSON
CHARLES THOMPSON
RT 1 BOX 87
DEERLOID, ID 83223

- ☐ MAILED
- ☐ NOT DELIVERED
- ☐ UNABLE TO LOCATE
- ☐ ATTEMPTED - NOT KNOWN
- ☐ UNDELIVERED ☐ REFUSED
- ☐ UNKNOWN STREET - NUMBER
- ☐ UNKNOWN PLANT, IN THIS SECTION
- ☐ UNKNOWN ADDRESS

RECEIVED
MAR 04 1998
Department of Water Resources

P.O. Box 223
DEERLOID
83323

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: A45-11404
Date Received: 6/21/1989
Receipt No: S007885
Received By: SC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CHARLES THOMPSON 208-654-2019
Address: RT. 1 BOX 87
DECLO, ID 83323

OR
Name: CATHERINE THOMPSON 208-654-2019
Address: RT. 1 BOX 87
DECLO, ID 83323

2. Date of Priority: JUN 27, 1928

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			CASSIA

5. Description of diverting works:
WELL AND 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

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	24E	25	SW	SW		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:
B.I.D. WATER

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. A45-11404
Date Received _____
Receipt Number 5007885 *sc*

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

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) CHARLES OR CATHERINE Thompson Phone (208) 654-2019

Mailing Address RT 1 BOX 87 Declo IDAHO Zip 83323

2. Date of Priority (Only one per claim) JUNE 27 1928 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 24 E

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

County of _____

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" well BERING 68 feet 3 Horse Pump

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

For Domestic purposes from JAN 1 to Dec 31 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) Domestic - 1 House

MICROFILMED

MAR 22 1989

10. Place of use is: Township: 10 South Range 24 East of Boise meridian
Section 25, 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 ☒ 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 ()
BURLEY IRRIGATION DIST

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 ☒

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

Signature of Claimant (s) Charles R Thompson

Date 6/7/89

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 _____

Organization _____ 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 Cassia) SS.

Subscribed and sworn (or affirmed) before me this 7th day of June 19 89

SEAL

Notary Public Burley, Idaho

Residing at Burley, Id

My Commission Expires 5-15-93

Last Name _____

Ident No. _____

Copies: White-State, Yellow-Claimant

MICROFILMED

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: A45-11404

. CHARLES THOMPSON
. RT 1 BOX 87 .
. 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,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 09 1993

PROOF
SEP 17 1991