

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-994

RIGHT NUMBER: 45-11422

NAME & ADDRESS: NORMAN F HURST
JOY R HURST
RT 1 BOX 1640
BURLEY ID 83318

SOURCE: GROUNDWATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 02/15/1916

POINT OF DIVERSION: T11S R24E S03 SESWSE 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
T11S R24E S03 SWSE

DOMESTIC Within CASSIA County
T11S R24E S03 SWSE

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. 11S24E036600
STOCKWATER, 25 DAIRY

Claim proofread by: CN
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: A45-11422
Date Received: 7/07/1989
Receipt No: S007947
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: NORMAN F. HURST 208-654-2165
Address: RT. 1 BOX 1640
BURLEY, ID 83318

AND

Name: JOY R. HURST 208-654-2165
Address: RT. 1 BOX 1640
BURLEY, ID 83318

2. Date of Priority: FEB 15, 1916

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
11S	24E	3	SE	SW	SE		CASSIA

5. Description of diverting works:
6"X 100' WELL, 1 HP SUBM. 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:
0.060 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/ 25 DAIRY

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
11S	24E	3	SW	SE		DOMEST	
			SW	SE		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. 445-11422

Date Received

Receipt Number 5007947**RECEIVED** **NOTICE OF CLAIM**
TO A
WATER RIGHTJUN 8 1989
Department of Water Resources
Southern Region OfficeACQUIRED 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) NORMAN F and Joy R. Hurst Phone (208) 654-2165Mailing Address ROUTE 1 Box 1640, BUREY, IDAHO Zip 833182. Date of Priority (Only one per claim) February 15, 1916 Month/Day/Year3. Source of water supply (Check one) (X) Groundwater or Other () (a) _____

which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 11 S Range 24 ESection 3, SE 1/4 of SW 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, 6" CASING, 100' DEEP 1 HP Submersible Pump, Pipe to House

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

For DOMESTIC purposes from 1-1 Month/Day to 12-31 Month/Day amount .04 (cfs)

(Both dates are inclusive)

For STOCKWATER purposes from 1-1 to 12-31 amount .027. Total quantity claimed .06 (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) DOMESTIC, 1 Home; 25 HEAD DAIRY CATTLE

MICROFILMED

MAR 10 1993

10. Place of use is: Township: 11 S Range 24 E

Section 3, SW 1/4 of SE 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? _____

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 ()

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) Norman F. Hurst Date 6/6/89

Joy R. Hurst Date 6-6-89

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 _____

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 _____ } SS.

County of _____ }

Subscribed and sworn (or affirmed) before me this 6th day of June 19 89

SEAL

Notary Public Sharon K. Harrison

Residing at Minidoka Co.

My Commission Expires June 20, 1993

Last Name Harrison Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 10 1993



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2146 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3576

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

Aug. 14, 1989

NORMAN F. HURST
RT 1 BOX 1640
BURLEY ID 83318

Re: A45-11418
A45-11421
A45-11422
A45-11424

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

Ljg

Enclosures:

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MAR 10 1993

PREFIX TRANSLATION: ADJUDICATION CLAIM

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

11524 € 036600

ENTERED 1/15/93
CHECKED 2/6/93

VERIFIED
NOV 11 1991

CERTIFIED
DEC 23 1991
WATER EXAMINER

PROOF
SEP 17 1991