

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-1010

RIGHT NUMBER: 45-11438

NAME & ADDRESS: JANICE C BAKER
RT 1 BOX 1445
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: 02/01/1985

POINT OF DIVERSION: T10S R23E S35 SESESE 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 R23E S35 SESE

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. 10S23E359500

Claim proofread by: CW

Date: 9-29

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: A45-11438
Date Received: 7/07/1989
Receipt No: S007963
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JANICE C. BAKER
Address: RT. 1 BOX 1445
BURLEY, ID 83318
208-678-9191
2. Date of Priority: FEB 01, 1985
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 | 35 | SE | SE | SE | | CASSIA |
5. Description of diverting works:
6"X 60' WELL, 1½ 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 | | |
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 of | Lot | Use | Acres |
|----------|-------|---------|--------|--------|-----|--------|-------|
| 10S | 23E | 35 | SE | SE | | 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. A45-11438

Date Received _____

Receipt Number _____

NOTICE OF CLAIM
TO A
WATER RIGHT

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

RECEIVED

JUN 1 1989

Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Janice C. Baker Phone (208) 678-9191

Mailing Address Rt. 1 Box 1445, Burley, Id. Zip 83318

2. Date of Priority (Only one per claim) 2-1-1985 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 35, S.E. 1/4 of S.E. 1/4 of S.E. 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, 60' deep, 1 1/2 H.P. submersible pump
1 1/2" pipe to house 28 g.p.m.

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 _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .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 home

MICROFILMED

MAR 10 1993

10. Place of use is: Township: 10 S Range 23 E

Section 35, SE 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? 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 _____

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) Janice C. Baker Date May 26, 1989
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 IDAHO)
County of CASSIA) SS.

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

SEAL

Notary Public Dianna A. Kraus

Residing at BURLEY, ID

My Commission Expires 11-90

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

MICROFILMED
MAR 10 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. 9, 1989

Re: A45-11438

JANICE C BAKER
RT 1 BOX 1445
BURLEY ID 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,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED
MAR 10 1993

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1301 North Orchard Street, P.O. Box 83720
Boise, Idaho 83720-0098

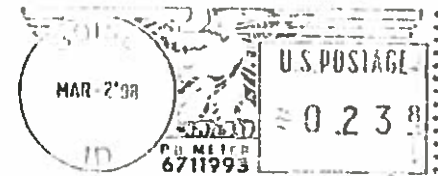
RETURN SERVICE REQUESTED

DATA ENTRY DONE
REMAILED

3/10/98 JM
IMPORTANT WATER RIGHT INFORMATION

45-11438
JANICE C BAKER
RT 1 BOX 1445
BURLEY ID 83318

POSTED
FIRST CLASS



338 E 200S
RECEIVED
MAR 06 1998
Department of Water Resources

83318X9703 45-11438



WATER RIGHT NUMBER - A45-11+33

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

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

+ - FIRST NAME - - +

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

*** C - CURRENT OWNER ***
BAKER

JANICE C.

1 - RT. 1 BOX 1445
2 -
3 -
CITY- BURLEY
PHONE - 208-678-9191

STATE- ID ZIP- 83318

+ - - PRIORITY DATE - - +
02/01/1985

+ - - - REGION - - - +
17 SOUTHERN

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

+ - - - STATUS - - - - +

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

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

----- POINT OF DIVERSION -----							
TWN	RNG	SEC	TRACT	LOT	RFLG	COUNTY	STREAM INDEX (BLANK IF NO INDEX CODE)

10S 23E 35 SE SE SE (31) CASSIA

CODE	DESCRIPTION	PERIOD FROM	PERIOD TO	WATER USE	DIVERSION RATE	DIVERSION VOLUME
1	1	1	1	1	1	1

43 - DOMESTIC

01/01 12/31

0.040

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

TWN	RNG	SEC	TRACT	LDT	ACRES	PLACE OF USE CODE	DESCRIPTION	COUNTY
14N	10E	36	36	1	1.00	1	1.00	1

105 23E 35 SE SE

43 DOMESTIC

(31) CASSIA

+ - - DIVERSION MEANS - 6"X 60' WELL, 1= HP SUBM. PUMP

+ - - NON-IRRIGATION USE - 0/1 HOUSE

+ - - OTHER RIGHTS FOR SAME USE - NONE

+	-	REMARKS	+
		NO REMARKS FOUND.	

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

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

+ - - - - DECREE PLAINTIFF - - - +

+ - - - - DECREE DEFENDANT - - - +

+ - DECREE DATE - +
00/00/0000

+ - - AUDIT FIELDS - 07/07/89 CLELLAND

MICROFILMED
OCT 28 1994

PREFIX TRANSLATION: ADJUDICATION CLAIM

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+ - - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - +
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105 23E 359500

ENTERED 1-20-98
CHECKED 2/6/98

VERIFIED
NOV 11 1991

CERTIFIED
DEC 23 1991
WATER EXAMINER

PROOF
SEP 17 1991