

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1072

RIGHT NUMBER: 45-11519

NAME & ADDRESS: JULIE A HOLLEY
BLANE K HOLLEY
RT 1 BOX 1466
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: 05/31/1949

POINT OF DIVERSION: T11S R23E S01 NWNWNE 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
T11S R23E S01 NWNE

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. 11S23E012570

Claim proofread by: CW
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: A45-11519
Date Received: 6/30/1989
Receipt No: S008009
Received By: lu

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: BLANE K. HOLLEY 208-678-4562
Address: RT 1 BOX 1466
BURLEY, ID 83318

AND/OR

Name: JULIE A. HOLLEY 208-678-4562
Address: RT 1 BOX 1466
BURLEY, ID 83318

2. Date of Priority: MAY 31, 1949

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
11S	23E	1	NW	NW	NE		CASSIA

5. Description of diverting works:
WELL, 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
11S	23E	1	NW NE		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.

14. Remarks:
FILED AS A PRIVATE ENTITY

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. 445-11519

Date Received _____

Receipt Number _____

RECEIVED

JUN 6 1989

Department of Water Resources
Southern Region OfficeNOTICE 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.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Blane K or Julie A Holley Phone (208) 678-4562Mailing Address Rt 1 Box 1466 Burley Idaho Zip 833182. Date of Priority (Only one per claim) MAY 1949 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) Aquiferwhich is tributary to (b) SNAKE RIVER Name or kind of source4. Location of point of diversion is: Township 11S Range 23 EBMSection 1, NW 1/4 of NW 1/4 of NE 1/4, Govt. Lot _____, BM.,County of CASSIAAdditional points of diversion if any: None5. 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. Pump (Domestic Well)

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

For Domestic purposes from 01/01 ^{Month/Day} to 12/31 ^{Month/Day} amount 0.040 ^(cfs)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.040 (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 Held

MICROFILMED

MAR 10 1993

10. Place of use is: Township: 11S Range 23 EBM

Section 1, NW 1/4 of NW 1/4, Govt. Lot NE, B.M.,

County of Cassia for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any NONE

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 ()

B.I.D.
14. Remarks: This claim is filed as a private entity

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 ONE

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) Blue Valley Date 6-2-89

+ Julie Valley Date 6-2-89

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 _____)

County of _____) SS.

Subscribed and sworn (or affirmed) before me this 2nd day of June 19 89

SEAL

Notary Public Janet Kasmussen

Residing at Bethley, Cassia, Idaho

My Commission Expires September 23, 1992

Last Name _____ 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 (206) 734-3576

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

Aug. 15, 1989

Re:A45-11519

BLANE K HOLLEY
RT 1 BOX 1466
BURELY 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:

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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

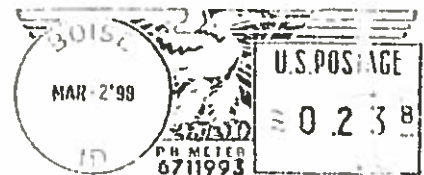
DATA ENTRY DONE
REMAILED

3/11/98 *du*
IMPORTANT WATER RIGHT INFORMATION

9J-11317

JULIE A HOLLEY
BLANE K HOLLEY
RT 1 BOX 1466
BURLEY ID 83318

PRESTATED
FIRST CLASS



379 *200 S*
E 300 E

RECEIVED
MAR 06 1998

Department of Water Resources

83318+3707



OLD (D) NUMBER -

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

STATE- ID ZIP- 83318

STATE- ID ZIP- 83318

+ - - - STATUS - - - - +

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

----- CONDITIONS OF APPROVAL -----
NO CONDITIONS OF APPROVAL FOUND. MICROFILMED

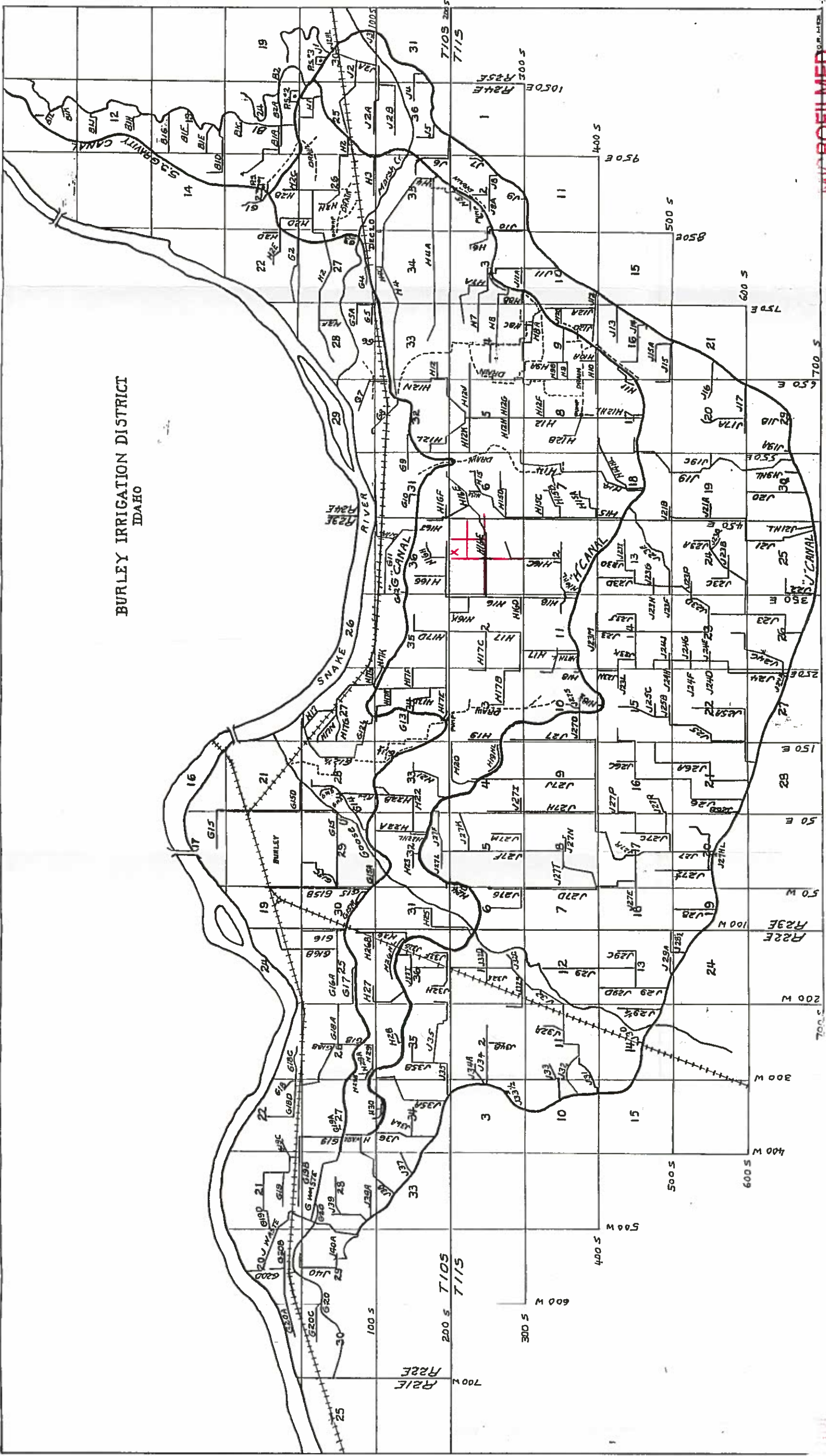
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061 20 1334

PROOF
SEP 17 1951

CERTIFIED
DEC 23 1991
WATER EXAMINER

BURLEY IRRIGATION DISTRICT
IDAHO



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MAR 10 1993

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