

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1141

RIGHT NUMBER: 45-11608

NAME & ADDRESS: ROBERT MEADE
LUCILLE MEADE
RT 1 BOX 114
DECLO ID 83323

SOURCE: GROUNDWATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 04/20/1922

POINT OF DIVERSION: T11S R24E S02 LOT 4 (NWNW)

Within CASSIA County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE

STOCKWATER ~~4 HOME~~

Domestic 1 Home

PERIOD OF USE

01-01 12-31

01-01 12-31

QUANTITY

0.02 CFS

.04 cfs

PLACE OF USE:

STOCKWATER

Within CASSIA County

T11S R24E S02 Lot 4 (NWNW)

as per original claim...

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. 11S24E023000
STOCKWATER, 15 HEAD DOF STOCK

8/14/98

Claim proofread by: *C.V.*

Date: *9-29*



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

May 31, 1989

1745-11607
11608
11609

Robert R. &/or E. Lucille Meade
Rt. 1 Box 114
Declo, ID 83323

RE: SRBA Claim

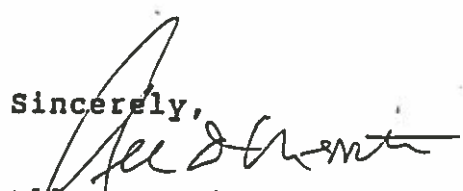
Dear Claimant:

Please find enclosed your claim³ and your check # 195
\$ 25.00 each which you submitted to our office. I am returning 196
these pursuant to Rule 10,4 of the Department's Adjudications Rules and 197 for
Regulations. In checking your claim it appears that the following
items need clarification:

- [] Item #2 Priority
- [] Item #4 Point of Diversion Legal Description
- [] Item #6 Uses descriptions
- [X] Item #9 Description of Non-irrigation Uses - Please indicate number of households & number & kind of stock
- [] Item #10 Place of Use Legal Description
- [] Item #16 Signature & Notorization
- [] Improper fee (THE CORRECT FEE IS \$ _____)
- [X] Other or Remarks Item 5 (Please describe diversion works. If all you know about it that it is 2 well & pump just put "well & pump".

You indicated 2 attachments to the claims. We only find the check attached.
If you wish to continue to press your claim please find enclosed instructions and another claim form to use. If you will make the necessary corrections and return your claim with the correct fee and a copy of this letter within 30 DAYS of the date of this letter, your filing will be considered timely and will not be assessed an additional late fee of \$ 50.00.

Sincerely,


Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm
Enclosures:

DEC 03 1996



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
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May 31, 1989

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Rt. 1 Box 114
Declo, ID 83323

RE: SRBA Claim

Dear Claimant:

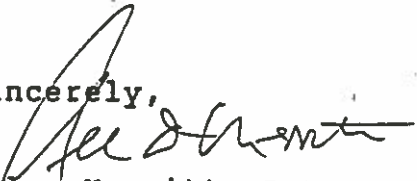
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Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm
Enclosures:

DEC 03 1996

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: A45-11608
Date Received: 5/31/1989
Receipt No: S008072
Received By: B. D. St
Entered

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ROBERT MEADE 208-654-2840
Address: ROUTE 1, BOX 114
DECLO, ID 83323

OR
Name: LUCILLE MEADE 208-654-2840
Address: ROUTE 1, BOX 114
DECLO, ID 83323

2. Date of Priority: APR 20, 1922

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	2	NW	NW	NW	4	CASSIA

5. Description of diverting works:
75' WELL WITH 3/4 HP JET PUMP.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
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:
S/15 HEAD DOF STOCK

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
11S	24E	2	NW NW	4	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. A75-11608
Date Received 6-5-89
Receipt Number 3008072

RECEIVED

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

JUN 5 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
MAY 31 1989
Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Robert or Lucille Meade Phone (208) 654-2840Mailing Address Rt 1, Fox 114 - Declo, Idaho Zip 833232. Date of Priority (Only one per claim) 4-20-1922 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 11 Range 24Section 2, NW 1/4 of NW 1/4 of NW 1/4, Govt. Lot 4, 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. Well - 75' deep 3/4" jet pump

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

For Domestic purposes from 1-1 to 12-31 amount 0.04 (cfs)
(Both dates are inclusive)
For Stockwater purposes from 1-1 to 12-31 amount 0.027. Total quantity claimed 0.06 (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) no household stock - 15 head

MICROFILMED

MAR 09 1993

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

Section 2 NW, NW 1/4 of NW 1/4, Govt. Lot 4, 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? 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 ()

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 No Docket

16. Signature (s)

Number of Attachments 1

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) Robert Meade Date 5-30-89

Date

For Organizations: I do solemnly swear or affirm that I am

of Title

Organization that I have signed the foregoing document in the space below as

Title of 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) SS.

Subscribed and sworn (or affirmed) before me this 30th day of May 19 89

SEAL

Notary Public Ardith Land

Residing at Burley, Ida.

My Commission Expires Oct 20, 1991

Last Name Ident No.

Copies: White-State, Yellow-Claimant



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

May 31, 1989

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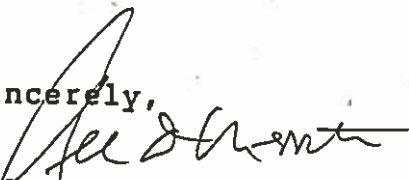
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MAR 09 1993



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Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

. Aug. 18, 1989

Re: A45-11609

A45-11608+

A45-11607

. ROBERT MEADE
. ROUTE 1 BOX 114
. 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 you claim(s), please contact this office.

Yours truly,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 09 1993

