

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1142

RIGHT NUMBER: 45-11609

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: 05/01/1920

POINT OF DIVERSION: T10S R24E S35 SWSWSW 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
T10S R24E S35 SWSW

DOMESTIC Within CASSIA County
T10S R24E S35 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. 10S24E356000
STOCKWATER, 2 STEERS

Claim proofread by: OW

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: A45-11609
Date Received: 5/31/1989
Receipt No: S008073
Received By: G. V. [Signature]
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: MAY 01, 1920

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
10S	24E	35	SW	SW	SW		CASSIA

5. Description of diverting works:
55' WELL, 1 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		
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/2 STEERS.

A45-11609

Page 1

Date: 06/21/89

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	24E	35	SW	SW		DOMEST	
			SW	SW		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 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. A45-11609
Date Received 6-5-89
Receipt Number 5008073

RECEIVED
JUN 5 1989

Department of Water Resources
Southern Region Office

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

MAY 31 1989

Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Robert Orville Meade Phone () 654-2840

Mailing Address Declo, Idaho Rt #1 Box 114 Zip 83323

2. Date of Priority (Only one per claim) 5-1-1920 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 Range 24

Section 35, SW 1/4 of SW 1/4 of SW 1/4, Govt. Lot _____, BM.,

County of Cassia

Additional points of diversion if any: None

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 - 55' deep with submersible pump

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 0.04 (cfs)
(Both dates are inclusive)
For Stockwater purposes from 1-1 to 12-31 amount 0.02

7. Total quantity claimed 0.06 (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) 1 household - stock & steer

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

Section 35, SW 1/4 of SW 1/4, Govt. Lot _____, B.M.,

County of Passia 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? Passia

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 No Docket

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

16. Signature (s)

Number of Attachments 1

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 _____, 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 30th day of May 19 89

SEAL

Notary Public Arith Land

Residing at Burley, Ida

My Commission Expires Oct 30, 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

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

RE: SRBA Claim

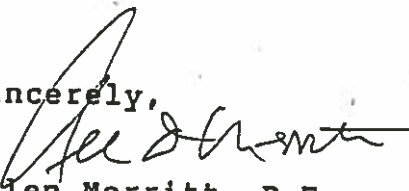
Dear Claimant:

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

- ☐ Item #2 Priority
- ☐ Item #4 Point of Diversion Legal Description
- ☐ Item #6 Uses descriptions
- ☒ 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 \$)
- ☒ 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:

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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. 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

/js

Enclosures:

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0.

OCT 26 1994

WATER RIGHT NUMBER - A45-11609

PREFIX TRANSLATION: ADJUDICATION CLAIM

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

+ - - - - DECREE PLAINTIFF - - - +

+ - - - - DECREE DEFENDANT - - - +

+ - DECREE DATE - +
00/00/0000

+ - - AUDIT FIELDS - 06/21/89 WORSTELL

+ - - - - COMMENTS - - - - -
NO COMMENTS FOUND

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

COURT REPORT FILING	- 00/00/0000	FIELD INSPECTION MADE	- 00/00/0000	CIVIL CASE NUMBER	- 39576
OBJECTION FILED DATE	- 00/00/0000	FIELD INSPECTION FLAG	-	OLD CASE NUMBER	-
RESPONSE FILED DATE	- 00/00/0000	VERIFIED DATE	- 00/00/0000	OLD JUDICIAL DISTRICT	-
CLAIM RECEIVED DATE	- 06/12/1989	LAST AMENDED DATE	- 00/00/0000	TEMPORARY RIGHT	- P
PROOF DUE DATE	- 00/00/0000	PROOF MADE DATE	- 00/00/0000	WATER DISTRICT	-
LICENSED DATE	- 00/00/0000	RECEIPT NUMBER	- S008073	FEDERAL/STATE INDICATOR	- S
CLAIMS TAPE ERROR FLG	-	POU OWNERSHIP FLAG	- Y	PRESUMPTION FLAG	-
FEE EXEMPT FLAG	-	NAME CONNECTOR	- OR	NOTICE OF ERROR FLAG	-

10524E356000

PROOF
SEP 17 1991

DATA ENTRY

ENTERED 12-28-92
CHECKED 2/6/93

"Verified By"
Topo Map/Ortho-PQ
ASCS Map
Watermaster Records
NAPP Photos
Field Exam
Other (See Remarks)
County Records
Witness Statement
Project Records
IDWR Records

VERIFIED
NOV 12 1991CERTIFIED
DEC 23 1991
WATER EXAMINER