

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1154

RIGHT NUMBER: 45-11625

NAME & ADDRESS: ALFRED EDWARD WOOLSTENHULME
RT 1 BOX 23-C
DECLO ID 83323

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 12/31/1918

POINT OF DIVERSION: T10S R24E S22 SENENE 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 R24E S22 NENE

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. 10S24E220599



Claim proofread by: CS
Date: 9-29

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

RETURN SERVICE REQUESTED

IMPORTANT WATER RIGHT INFORMATION

^{3/4}
45-11625
ALFRED EDWARD WOOLSTENHULME
RT 1 BOX 23-C
DECLO ID ~~83323~~

IF POWER, LEFT NO ADDRESS
IF NOT DELIVERED AS ADDRESSED
UNABLE TO LOCATE
I REQUEST YOU TO RETURN
TO THE FOLLOWING ADDRESS
IF YOU CAN
IF NOT, PLEASE RETURN
TO THE FOLLOWING ADDRESS
IF YOU CAN
IF NOT, PLEASE RETURN
TO THE FOLLOWING ADDRESS
IF YOU CAN

RECEIVED

MAR 04 1998

Department of Water Resources

70 N Hwy 77
Declo ID 83323

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: A45-11625
Date Received: 6/08/1989
Receipt No: S008119
Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ALFRED EDWARD WOOLSTENHULME 208-654-2568
Address: RT. 1, BOX 23-C
DECLO, ID 83323

2. Date of Priority: DEC 31, 1918

3. Source: GROULNDWATER. Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	24E	22	SE	NE	NE		CASSIA

5. Description of diverting works:
70' WELL.

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
10S	24E	22	NE	NE		DOMEST	

11. Place of use in counties: CASSIA

A45-11625

Page 1

Date: 07/27/89

MICROFILMED

MAR 09 1993

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:

NONE.

A 45-11879

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. A45-11625Date Received 6-8-89Receipt Number 5008119RECEIVED
JUN 09 1989
NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

Department of Water Resources For Domestic and/or Stockwater Purposes
Southern Region Office Where Daily Use is less than 13,000 gallons per day.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Alfred Edward Woodstenhulme Phone (208) 654 2568Mailing Address RT #1 Box 23C Declo Ida Zip 833232. Date of Priority (Only one per claim) 1918 Month/Day/Year3. Source of water supply (Check one) () Groundwater or Other () (a) Well
Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 10 Range 24
Section 22, SE 1/4 of NE 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. 1 well approx 70 ft deep

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

For Household purposes from Jan 1 Month/Day to Dec 31 Month/Day amount _____ (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed _____ (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) SINGLE FAMILY DWELLING

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734-9800

10. Place of use is: Township: 10 Range 24
Section 22, NE. 1/4 of NE 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 ☒ 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 (4)

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 _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Alfred Edward Woodstein Date 6-7-89
_____ 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 Cassia } SS.

Subscribed and sworn (or affirmed) before me this 7th day of June 19 89

SEAL

Notary Public Linda J. Horsey

Residing at Burley, Idaho

My Commission Expires Dec. '94

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 09 1993

E WOOLSTENHULME
RD 1 BOX 23C
DECLO, ID 83323



Idaho Dept. of Water Resource
2148-4th ave East
Twin Falls, Idaho

83301

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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

June 27, 1989

Alfred E. Woolstenholme
Rt. 1, Box 23C
Declo, Idaho 83323

RE: SRBA Claim

Dear Claimant:

~~Please find enclosed your claim and your check # _____ for \$ _____ 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:~~

- [] Item #2 Priority
- [] Item #4 Point of Diversion Legal Description
- [] Item #6 Uses descriptions
- [] Item #9 Description of Non-irrigation Uses
- [] Item #10 Place of Use Legal Description
- [] Item #16 Signature & Notorization
- [✓] Improper fee (THE CORRECT FEE IS \$ _____)
- [✓] Other or Remarks *We only received 1 check for \$25 (#701) but 2 claims were submitted. Please send another check for \$25 to cover the other claim.*

~~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.~~

~~BEFORE RETURNING THE CLAIM PLEASE READ THE ENCLOSED DRAFT TEXT FOR D&S BROCHURE.~~ Due to recent rulings by the court you may defer filing the claim if you so desire but it is recommended by the Department that you continue to press your claim. If you have any questions contact our office.

Sincerely,

Bob Worstell
Bob Worstell
Water Resource Agent

Please send your reply addressed to me for efficient processing. Thanks - Bob.

Encl:

MICROFILMED

MAR 09 1993

OLD (D) NUMBER -

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

STATE- ID ZIP- 83323

+ - - - STATUS - - - - +

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

STREAM INDEX (BLANK IF NO INDEX CODE)

0.040

(31) CASSIA

+ - - AUDIT FIELDS - 07/27/89 WORSTELL 12/18/89 WORSTELL

WATER RIGHT NUMBER - A45-11625

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - - - - 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 | - 06/13/1989 | 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 | - S008119 | FEDERAL/STATE INDICATOR | - S |
| CLAIMS TAPE ERROR FLG | - | POU OWNERSHIP FLAG | - Y | PRESUMPTION FLAG | - |
| FEE EXEMPT FLAG | - | NAME CONNECTOR | - | NOTICE OF ERROR FLAG | - |

10524E220599

PROOF
SEP 17 1991

DATA ENTRY
ENTERED 12-28-92 Dnd
CHECKED 2/6/93

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

VERIFIED
NOV 12 1991

CERTIFIED
DEC 13 1991
WATER EXAMINER