

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1155

RIGHT NUMBER: 45-11629

NAME & ADDRESS: JIM B HITT
RT 1 BOX 44
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: 06/01/1983

POINT OF DIVERSION: T10S R24E S13 NWSWN 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 S13 SWNW

DOMESTIC Within CASSIA County
T10S R24E S13 SWNW

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. 10S24E133600
STOCKWATER, 20 COWS

Claim proofread by: CM

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: A45-11629
Date Received: 6/08/1989
Receipt No: S008115
Received By: B. V. - 24

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JIM B. HITT 208-654-9534
Address: RT. 1, BOX 44
DECLO, ID 83323

2. Date of Priority: JUN 01, 1983

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	13	NW	SW	NW		CASSIA

5. Description of diverting works:
8" X 80' 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:
0.040 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 HOUSE, S/20 COWS.

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
10S	24E	24	SW	NW		DOMEST	
			SW	NW		STOCK	

A45-11629

Page 1

Date: 06/27/89

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MAR 09 1993

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. A45-11629
Date Received 6-8-89
Receipt Number SD08115

**NOTICE OF CLAIM
TO A
WATER RIGHT**

RECEIVED
JUN 09 1989
Department of Water Resources
Southern Region Office

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) JIM B. HITT Phone (208) 654-9534

Mailing Address RT 1 Box 44 DEERLO ID Zip 83323

2. Date of Priority (Only one per claim) 6-1-83 Month/Day/Year

3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____

which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 10 Range 24

Section 13 Northwest 1/4 of Southwest 1/4 of Northwest 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 8" casing, 80' deep, 1 HP submersible pump, pipe to house & pasture

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

For	<u>DOMESTIC</u> purposes from	Month/Day <u>1-1</u> to Month/Day <u>12-31</u>	amount <u>0.04</u> (cfs)
		(Both dates are inclusive)	
For	_____ purposes from	_____ to _____	amount _____

7. Total quantity claimed 0.04 (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) 1 HOUSEHOLD, STOCK WATER 20 HP COWS

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MAR 09 1993

10. Place of use 1s: Township: _____ Range _____

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

County of _____ 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? _____

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 ()

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 ☒

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

Signature of Claimant (s) Jim B. Hitt 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 Idaho)
County of Cassia) SS.

Subscribed and sworn (or affirmed) before me this 6 7th day of June 19 89

SEAL

Notary Public Shirley W. Wulfsberg

Residing at Cassia Co. - Burley

My Commission Expires 2/94

Last Name _____ Ident No. _____

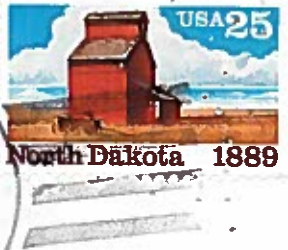
Copies: White-State, Yellow-Claimant

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MAR 09 1993

Jim B. Hitt
P.O. Box 44
Perle, Idaho 83323

Idaho Dept of Water Resource
2148 4th Ave. East
Twin Falls, Idaho 83301





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

July 3, 1989

A45-11629
A45-11630

- Jim B. Hitt
- Rt 1 Box 44
- Declo, Idaho 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 your claim(s), please contact this office.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Judy Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 03 1990

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 *Jim* 45-11630
IMPORTANT WATER RIGHT INFORMATION

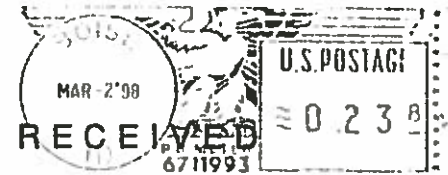
45-11629
JIM B HITT
RT 1 BOX 44
DECLO ID 83323

HITT 001
HITT001 833232018 1397 06 03/04/98
RETURN TO SENDER
HITT
159 N 950 E
DECLO ID 83323-5042

83323+3701
83720/0098



POSTNET
FIRST CLASS



MAR 09 1998

Department of Water Resources

WATER RIGHT NUMBER - A45-11629

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

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

+ - FIRST NAME - - +

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

*** C - CURRENT OWNER ***
HITT

JIM B.

1 - RT. 1, BOX 44

2 -

3 -

CITY- DECLO

STATE- ID ZIP- 83323

PHONE - 208-654-9534

+ - - PRIORITY DATE - - +
06/01/1983+ - - - 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 24E 13 NW SW NW (31) CASSIA

+ - - - - WATER USE - - - - - +
CODE DESCRIPTION PERIOD FROM PERIOD TO DIVERSION RATE DIVERSION VOLUME

43 - DOMESTIC

01/01

12/31

0.040

04 - STOCKWATER

01/01

12/31

0.020

+ - TOTAL DIV. RATE - + + - TOTAL DIV. VOLUME - + + - TOTAL DIV. CAPACITY - + + - TOTAL CONSUMPTIVE USE - + + - KW USAGE - +
0.040 0.0+ - - - - PLACE OF USE - - - - - +
TWN RNG SEC TRACT LOT ACRES CODE DESCRIPTION COUNTY

10S

24E

13

SW NW

04

STOCKWATER

(31) CASSIA

10S

24E

13-24

SW NW

43

DOMESTIC

(31) CASSIA

+ - - DIVERSION MEANS - 8" X 80' WELL, 1 HP PUMP.

+ - - NON-IRRIGATION USE - D/1 HOUSE, S/20 COWS.

+ - - 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 - - - - +

MICROFILMED
OCT 26 1994+ - DECREE DATE - +
00/00/0000

