

RIGHT NUMBER: 45-11666

NAME & ADDRESS: CHARLOTTE A WICKEL
RT 1 BOX 49
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: 09/18/1935

POINT OF DIVERSION: T10S R24E S23 NENWNE Within CASSIA County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.04 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE:	STOCKWATER	Within CASSIA County
	T10S R24E S23	NWNE
	DOMESTIC	Within CASSIA County
	T10S R24E S23	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. 10S24E230600
STOCKWATER, 25 HEADClaim proofread by: AMDate: 9-8-9

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

3/6

45-11666
CHARLOTTE A WICKEL
RT 1 BOX 49
DECL ID 83323

☐ NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
☐ NO POSTAGE
NECESSARY
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UNITED STATES
☐ NO POSTAGE
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IF MAILED
IN THE
UNITED STATES

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MAR 04 1998

Department of Water Resources

925 E 100W
Decl 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: A45-11666
Date Received: 6/27/1989
Receipt No: ~~S008190~~
Received By: SCC

Rec.# 5008718 SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CHARLOTTE A. WICKEL
Address: RT. 1 BOX 49
DECLO, ID

208-654-2582

83323

2. Date of Priority: SEP 18, 1935

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	23	NE	NW	NE		CASSIA

5. Description of diverting works:
WELL AND 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	0.040		

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 S/25

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
10S	24E	23	NW	NE		DOMEST	
			NW	NE		STOCK	

A45-11666

Page 1

Date: 06/27/89

MICROFILMED
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 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. A45-11666Date Received 6-8-89Receipt Number 5008190

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JUN 09 1989

Department of Water Resources
Southern Region OfficeNOTICE OF CLAIM
TO A
WATER RIGHTACQUIRED 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) CHARLOTTE A. WICKEL Phone (208) 654-2582Mailing Address RL#1 Box 49 Declo Idaho Zip 833232. Date of Priority (Only one per claim) 9-18-35 Month/Day/Year3. 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 24Section 23, NE 1/4 of NW 1/4 of NE 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. _____

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 Livestock purposes from 1-1 to 12-31 amount 0.047. Total quantity claimed 0.04 (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) ONE Household Livestock # 25

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

Section 23, NW 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 ()

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) Charlotte A. Wickel

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) Charlotte Wickel Date 6-8-89

_____ 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 Minidoka) SS.

Subscribed and sworn (or affirmed) before me this 8th day of June 19 89

SEAL

Notary Public Kenneth R. Frost

Residing at Rupert, Idaho

My Commission Expires 2-6-93

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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harlotte Wickel
t. 1 Box 49
eclo, Idaho 83323



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

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MAR 09 1993

YOUR CLAIM A45-11666 WILL PLACED IN A HOLD FILE UNTIL WE
RECEIVE YOUR PAYMENT.

IF YOU WILL MAKE THE NECESSARY CORRECTION AND RETURN THE 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,

A handwritten signature in cursive script that reads "Steve Clelland".

STEVE CLELLAND
WATER RIGHT'S AGENT

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JUL 31 1989

Department of Water Resources
Southern Region Office

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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

JULY 5, 1989

CHARLOTTE WICKEL
RT. 1 BOX 49
DECLO, ID 83323

RE: INSUFFICIENT CHECK

DEAR MS. WICKEL,

PLEASE FIND ENCLOSED YOUR CHECK #398 FOR \$25.00 WHICH YOU SUBMITTED TO OUR OFFICE.

PLEASE RETURN A MONEY ORDER OR CASHIER'S CHECK TO REPLACE THIS CHECK. YOUR CLAIM A45-11666 WILL PLACED IN A HOLD FILE UNTIL WE RECEIVE YOUR PAYMENT.

IF YOU WILL MAKE THE NECESSARY CORRECTION AND RETURN THE 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,

STEVE CLELLAND
WATER RIGHT'S AGENT

RECEIVED

JUL 31 1989

Department of Water Resources
Southern Region Office

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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

July 17, 1989

Re: A45-11666

Charlotte A. Wickel
Rt. 1 Box 49
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 your claim(s), please contact this office.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Judy Givens', written over a horizontal line.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 09 1993

