

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-1199

RIGHT NUMBER: 45-11679

NAME & ADDRESS: CECIL BLAUER
MERLE BLAUER
RT 3 BOX 3274
BURLEY ID 83318

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 12/31/1917

POINT OF DIVERSION: T11S R24E S17 SWSW 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
T11S R24E S17 SWSW

DOMESTIC Within CASSIA County
T11S R24E S17 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. 11S24E17S500
STOCKWATER, 10 LIVESTOCK

Claim proofread by: CA

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: A45-11679
Date Received: 6/08/1989
Receipt No: S008183
Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CECIL BLAUER 208-654-2648
Address: RT. 3, BOX 3274
BURLEY, ID 83318
OR
Name: MERLE BLAUER 208-654-2648
Address: RT. 3, BOX 3274
BURLEY, ID 83318

2. Date of Priority: DEC 31, 1917

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
11S	24E	17	SW	SW	SW		CASSIA

5. Description of diverting works:
6" X 75' WELL, 1 HP JET 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/10 HEAD OF LIVESTOCK

A45-11679

Page 1

Date: 06/27/89

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MAR 09 1993

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
11S	24E	17	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 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. A45-11679
Date Received 6-8-89
Receipt Number 5008182
8183

NOTICE OF CLAIM

RECEIVED

TO A

WATER RIGHT

JUN 09 1989

ACQUIRED UNDER STATE LAW

Department of Water Resources
Southern Region Office

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) Cecil and Merle Blauer Phone (654) 2648Mailing Address Route 3 Box 3274 Zip 833182. Date of Priority (Only one per claim) (Drilled Well) 1930 Dug Well 1917 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 17, SW 1/4 of SW 1/4 of _____ 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 inch casing, 75 feet deep, 1 horse jet 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 _____ purposes from _____ to _____ amount _____

7. 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) 10 head of livestock.

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

Section 17, SW 1/4 of SW 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)

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) Cecil Blauer Date 6-8-1989

Merle Blauer Date 6-8-1989

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 } SS.

County of Cassia }

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

SEAL

Notary Public Janet Rasmussen

Residing at Burley, Cassia, Idaho

My Commission Expires Sept. 23, 1992

Last Name Blauer Ident No. _____

Copies: White-State, Yellow-Claimant

Cecil J. Plauer
Route #3 Box 3274
Burley, Idaho 83318



Idaho Department of Water Resource
2148 4th Avenue East
Twin Falls, Idaho 83301



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2146 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

Aug. 14, 1989

Re: A45-11679

CECIL BLAUER
RT 3 BOX 3274
BURLEY ID 83318

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,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 09 1993

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

RETURN SERVICE REQUESTED

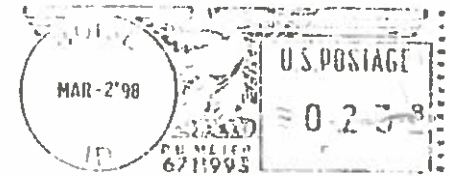
DATA ENTRY DONE
REMAILED

3/10/98 dm

IMPORTANT WATER RIGHT INFORMATION

554 East 500 South

45-11679
CECIL BLAUER
MERLE BLAUER
RT 3 BOX 3274
BURLEY ID 83318



RECEIVED

MAR 06 1998

Department of Water Resources

53315+3527



CERTIFIED
DEC 23 1991
WATER EXAMINER