

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-1210

RIGHT NUMBER: 45-11691

NAME & ADDRESS: BARBARA LIND
DAVID LIND
RT 3 BOX 3007
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: 07/20/1922

POINT OF DIVERSION: T11S R23E S04 SWNNW 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
T11S R23E S04 NWNW

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. 11S23E043800

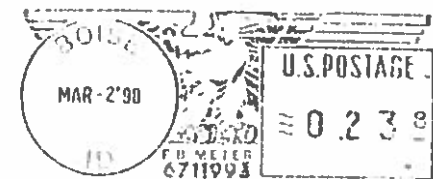
Claim proofread by: CN
Date: 9-29

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

RETURN SERVICE REQUESTED

DATA ENTRY DONE
REMAILED

PRESORTED
FIRST CLASS



3/12/98 dm
IMPORTANT WATER RIGHT INFORMATION

237 South 50 East

45-11691
BARBARA LIND
DAVID LIND
RT 3 BOX 3007
BURLEY ID 83318

RECEIVED

MAR 06 1998

Department of Water Resources

53318+9372



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: A45-11691
Date Received: 6/23/1989
Receipt No: S008142
Received By: SC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DAVID LIND 208-678-3002
Address: RT. 3 BOX 3007
BURLEY, ID 83318

OR
Name: BARBARA LIND 208-678-3002
Address: RT. 3 BOX 3007
BURLEY, ID 83318

2. Date of Priority: JUL 20, 1922

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
11S	23E	4	SW	NW	NW		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		

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
11S	23E	4	NW NW		DOMEST	

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. A45-11691Date Received 6-8-89Receipt Number 5008142RECEIVED NOTICE OF CLAIM
TO A
WATER RIGHTJUN 09 1989
Department of Water Resources
Southern Region OfficeACQUIRED 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) David & Barbara Lind Phone (208) 678-3002
Mailing Address Rt. 3 Box 3007 Burley, ID Zip 833182. Date of Priority (Only one per claim) 7-20-22 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township 11 Range 23
Section 4, SW 1/4 of NW 1/4 of NW 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 depth 50 ft. 1 hp pump

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

For Domestic purposes from 4/1 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) One House

MICROFILMED

MAR 09 1993

10. Place of use is: Township: 11 Range 23
Section 4, S.W. 1/4 of N.W. 1/4, Govt. Lot NW 1/4, 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) No Docut.

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) Barbara Lind Date 6/06/89
Paul Lind Date 6/06/89

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 Minidoka) SS.

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

SEAL

Notary Public George Anderson

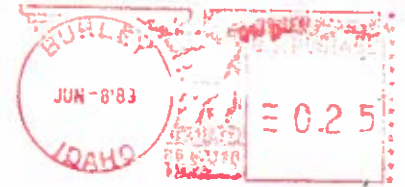
Residing at Hayden Idaho

My Commission Expires March 15, 1994

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

LIND
Rt. 3 Box 3007
Burley, Id 83318



SOUTHERN REGION OFFICE
IDAHO DEPT OF WATER RESOURCE
2148 4th Ave. East
Twin Falls, ID 83301



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 242 E. 4th Ave. E., Twin Falls, Idaho 83301 (208) 734-0578

CECIL D. ANDRUS
Governor

A. KEITH HIGGINSON
Director

Aug. 15, 1989

Re: A45-11691

.DAVID LIND
.RT 3 BOX 3007
.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 you claim(s), please contact this office.

Yours truly,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 09 1993

