

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1259

RIGHT NUMBER: 45-11764

NAME & ADDRESS: GWEN GRANT WOODBURY
RT 1 BOX 1544
BURLEY ID 83318

SOURCE: GROUNDWATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 07/30/1963

POINT OF DIVERSION: T11S R24E S06 SENENE 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 S06 NENE

DOMESTIC Within CASSIA County
T11S R24E S06 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. 11S24E060450
STOCKWATER, UNSPECIFIED AMOUNT

Claim proofread by: CV

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: A45-11764
Date Received: 6/27/1989
Receipt No: 5008381
Received By: B.V. 21

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: GWEN GRANT WOODBURY 208-654-9292
Address: RT. 1, BOX 1544
BURLEY, ID 83318

2. Date of Priority: JUL 30, 1963

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
11S	24E	6	SE	NE	NE		CASSIA

5. Description of diverting works:
65' WELL WITH 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:
0.060 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. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
11S	24E	6	NE	NE		DOMEST	
			NE	NE		STOCK	

A45-11764

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. A45-11764
Date Received 6-8-89
Receipt Number SD08381NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

JUN 8 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.

RECEIVED

JUN 26 1989

Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Gwen Grant Woodbury Phone (208) 654-9292Mailing Address Rt 1 Box 1544 Zip 833182. Date of Priority (Only one per claim) July 1963 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 11 Range 24Section 6, SE 1/4 of NE 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. 65 feet deep, 1 submersible pump, pipe to house.

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 (cfs) ackFor stock purposes from Jan 1 87 (Both dates are inclusive) to Dec 31 amount 0.027. Total quantity claimed 0.06 (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) 1 house hold

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MAR 09 1993

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

Section 6, 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 (X)

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 X

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

Signature of Claimant (s) Queen Grant Woodberry Date 6-6-89

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 Cassia) SS.

Subscribed and sworn (or affirmed) before me this 4 day of June 19 89

SEAL

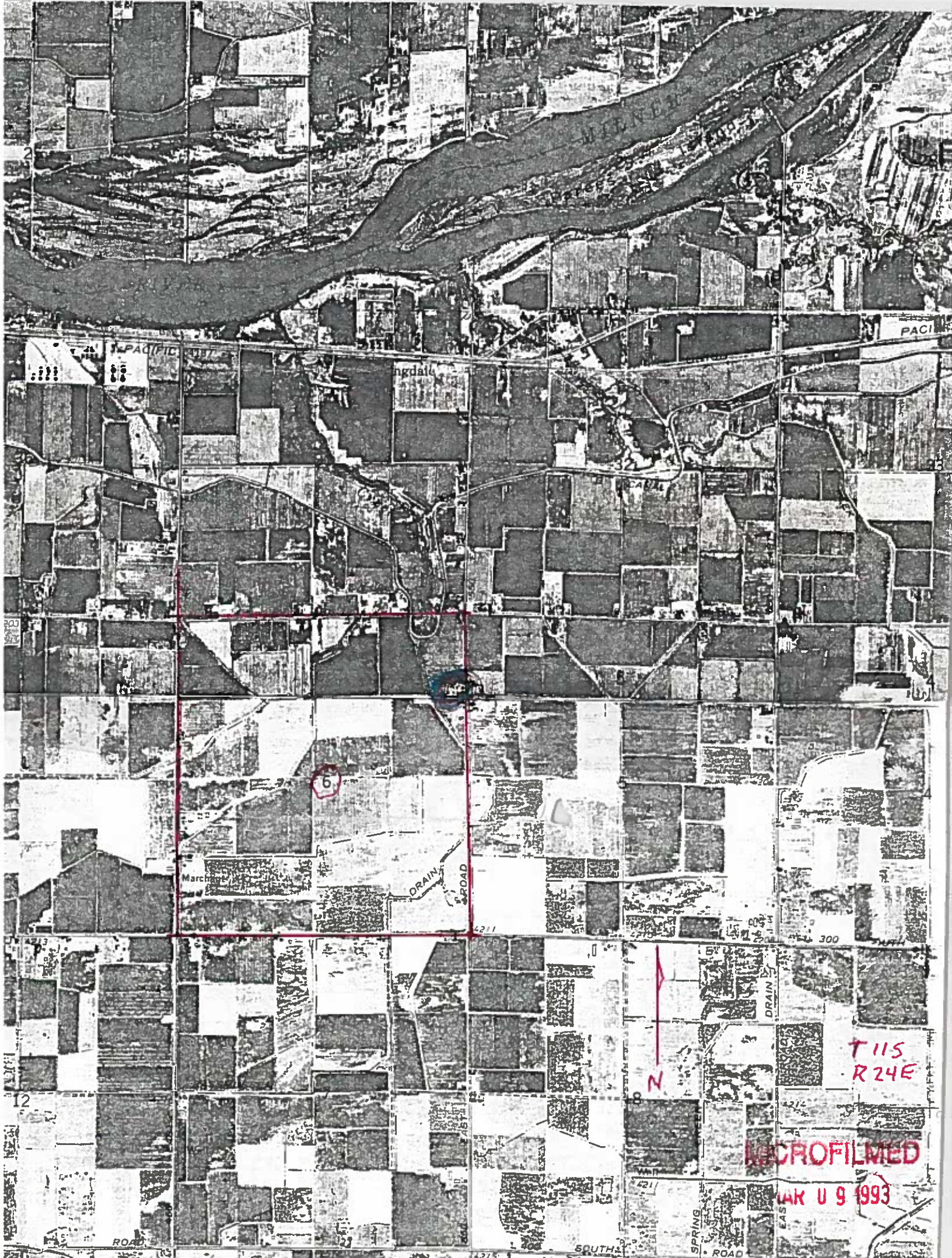
Notary Public Linda J. Horsey

Residing at Burley, Idaho

My Commission Expires Dec. '94

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant



PACI

ngdale

CAT

6

Marchmont

DRAIN ROAD

4211

300

N

T115
R24E

MICROFILMED

MAR 9 1993

SOUTH

SPRING
ROAD

EAST



DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
GovernorR. KEITH HIGGINSON
Director

June 20, 1989

Gwen Woodbury
Rt. 1, Box 1544
Burley, Idaho 83318

RECEIVED

JUN 26 1989

Department of Water Resources
Southern Region Office

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 486 for \$ 25.00 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 Please mark the location of your well on the

enclosed photo of your area and return it to us to determine the necessary legal descriptions

~~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
Water Resource Agent

Encl:

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MAR 09 1993

AFTER FIVE DAYS RETURN TO

Queen Woodbury
Rt 1 Box 1544
Burly Idaho 83318
ZIP CODE



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



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2146 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3576

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

Aug. 14, 1989

Re: A45-11764

GWEN GRANT WOODBURY
RT 1 BOX 1544
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

/ig

Enclosures:

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

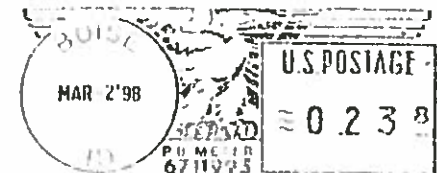
RETURN SERVICE REQUESTED

DATA ENTRY DONE
REMAILED

3/12/98 *dm*
IMPORTANT WATER RIGHT INFORMATION

45-11764
GWEN GRANT WOODBURY
RT 1 BOX 1544
BURLEY ID 83318

PRECEDENT
FIRST CLASS



220 S. 550 E
45-11764

RECEIVED

MAR 06 1998

Department of Water Resources

83318 45-11764



CERTIFIED
DECEMBER 3 1991
WATER EXAMINER