

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1265

RIGHT NUMBER: 45-11771

NAME & ADDRESS: AFTON MOON
RT 1 BOX 39
DECLO ID 83323

SOURCE: GROUNDWATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 03/15/1946

POINT OF DIVERSION: T10S R24E S01 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
T10S R24E S01 SWSW

DOMESTIC Within CASSIA County
T10S R24E S01 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. 10S24E016300
STOCKWATER, UNSPECIFIED AMOUNT

Claim proofread by: CM

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

IMPORTANT WATER RIGHT INFORMATION

3/6

45-11771

AFTON MOON

RT 1 BOX 39

DECLO ID 83323

POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
FIRST CLASS PERMIT NO. 1000 BOISE, IDAHO

MAR 4 1998

U.S. POSTAGE
0 2 3 8

RECEIVED

MAR 04 1998

Department of Water Resources

303

Declo

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: A45-11771
Date Received: 6/28/1989
Receipt No: S008392
Received By: Scr

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: AFTON MOON
Address: RT. 1 BOX 39
DECLO, ID 83323 208-654-2142

2. Date of Priority: MAR 15, 1946

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	24E	1	SW	SW			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	0.020		

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
10S	24E	1	SW	SW		DOMEST	
			SW	SW		STOCK	

A45-11771

Page 1

Date: 06/28/89

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. A45-11771

Date Received _____

Receipt Number 5008392 *see*NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

ACQUIRED UNDER STATE LAW

JUN 2 1989

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day. Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Afton Moon Phone () 654. 2142Mailing Address Pte 1 Box 39 Declo, Idaho Zip 833232. Date of Priority (Only one per claim) Mar 15, 1946 Month/Day/Year 19463. 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 10 Range S 24 EastSection 1, SW 1/4 of SW 1/4 of SW 1/4, Govt. Lot E, 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 + pump 30 ft. New Well Mar 1978
25 ft. Immersible 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)For Stock purposes from 1/1 (Both dates are inclusive) to 12/31 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) One Household well 23 units

MAR 09 1993

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

Section 1, SW 1/4 of SW 1/4, Govt. Lot E, 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 docket

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) After Moon Date 5-30-89

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 _____)
County of Cassia) SS.

Subscribed and sworn (or affirmed) before me this 30th day of May 19 89

SEAL

Notary Public [Signature]

Residing at Burley Id. 83318

My Commission Expires _____

MY COMMISSION EXPIRES
MAY 15, 1993

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant



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

June 21, 1989

Afton Moon
Rt. 1 Box 39
Declo, ID 83323

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 4151 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 DAY/Month
- ☒ 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

NEED 1/4-1/4 Description

~~If you wish to continue to process 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.

Sincerely,

Allen Merritt
Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm SCC
Enclosures:

MICROFILMED

MAR 09 1993



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: A45-11771

AFTON MOON
RT 1 BOX 39
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,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 09 1993

WATER RIGHT NUMBER - A45-11771

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

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

+ - FIRST NAME - - +

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

*** C - CURRENT OWNER ***
MOON

AFTON

1 - RT. 1 BOX 39

2 -

3 -

CITY- DECLO

STATE- ID ZIP- 83323

PHONE - 208-654-2142

+ - - PRIORITY DATE - - +
03/15/1946

+ - - - 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 1 SW SW E (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 - +
0.060 0.0

+ - - - - PLACE OF USE - - - - - +
TWN RNG SEC TRACT LOT ACRES CODE DESCRIPTION COUNTY

10S 24E 1 SW SW E 04 STOCKWATER (31) CASSIA
10S 24E 1 SW SW E 43 DOMESTIC (31) CASSIA

+ - - DIVERSION MEANS - WELL AND PUMP

+ - - NON-IRRIGATION USE - D/1 HOUSE S/??

+ - - 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 - - - +

+ - DECREE DATE - +
00/00/0000

MICROFILMED

JUL 20 1994

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - - - COMMENTS - - - - +
NO COMMENTS FOUND

COURT REPORT FILING	-	00/00/0000	FIELD INSPECTION MADE	-	00/00/0000	CIVIL CASE NUMBER	-	39576
OBJECTION FILED DATE	-	00/00/0000	FIELD INSPECTION FLAG	-		OLD CASE NUMBER	-	
RESPONSE FILED DATE	-	00/00/0000	VERIFIED DATE	-	00/00/0000	OLD JUDICIAL DISTRICT	-	
CLAIM RECEIVED DATE	-	06/28/1969	LAST AMENDED DATE	-	00/00/0000	TEMPORARY RIGHT	-	P
PROOF DUE DATE	-	00/00/0000	PROOF MADE DATE	-	00/00/0000	WATER DISTRICT	-	
LICENSED DATE	-	00/00/0000	RECEIPT NUMBER	-	S008392	FEDERAL/STATE INDICATOR	-	S
CLAIMS TAPE ERROR FLG	-		POU OWNERSHIP FLAG	-	Y	PRESUMPTION FLAG	-	
FEE EXEMPT FLAG	-		NAME CONNECTOR	-		NOTICE OF ERROR FLAG	-	

CERTIFIED
DEC 23 1991
WATER EXAMINER

ENTERED 12-29-92
CHECKED 2/16/93

VERIFIED
NOV 13 1991

PROOF
OCT 01 1991