



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

Phone: (208) 327-7900 FAX: (208) 327-7866

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

March 11, 1998

JAMES L MC BRIDE
MELANI MC BRIDE
1145 8TH ST
RUPERT ID 83350-1526

*Response
4-17-98*

RECEIVED

APR 21 1998

Department of Water Resources
Southern Region

RE: Snake River Basin Adjudication (SRBA)
Water Right No. 45-11776
Change of Address

Dear Water Right Holders:

Mail recently sent to you was returned to us by the Postal Service. They also advised us your address has changed to the above address. We have enclosed the returned mail.

Although we have reached you at the address above, we need your written confirmation this is your correct mailing address before we can change our records.

Please sign your name at the bottom of this letter and return it to this office. Make corrections to your name and address if necessary before returning this letter, list any other water right claims you have, and return the letter by March 31, 1998. Thank you for your help.

If your mail delivery address changes in any form, please contact us in writing so we can update our records.

If there has been a change in ownership of the property connected with the water right referenced above, please call this office toll-free at 1-800/451-4129 to obtain a form to make this required change to the claim record.

Sincerely,

S. Sherman

Sally Sherman
Technical Records Specialist
Adjudication Bureau

SS:region
Enclosures

The address is correct as shown above or as otherwise changed.

Claimant Signature

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-1270

RIGHT NUMBER: 45-11776

NAME & ADDRESS: JAMES L MC BRIDE
MELANI MC BRIDE
RT 1 BOX 305-B
RUPERT ID 83350

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 10/25/1984

POINT OF DIVERSION: T09S R25E S19 NWNE 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
T09S R25E S19 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. 09S25E190625

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: A45-11776
Date Received: 6/28/1989
Receipt No: S008402
Received By: R. J. [Signature]

6/30/89
R.J.W.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: JAMES L. MC BRIDE 208-436-0457
Address: RT. 1, BOX 305-B
RUPERT, ID 83350

OR
Name: MELANI MC BRIDE 208-436-0457
Address: RT. 1, BOX 305-B
RUPERT, ID 83350

2. Date of Priority: OCT 25, 1984

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
09S	25E	19	NW	NE			CASSIA

5. Description of diverting works:
6" X 70' WELL, 1.5 HP 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
09S	25E	19	NW NE		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 FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. A45-11776
Date Received 6-03-89
Receipt Number 500842

RECEIVED NOTICE OF CLAIM
TO A
WATER RIGHT

JUN 6 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.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) James L. McBride ^{or Melani} Phone (208) 436-0457

Mailing Address Rt 1 Box 305 B Rupert Zip 83350

2. Date of Priority (Only one per claim) 10-25-84 Month/Day/Year

3. 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 9 s Range 25 e

Section 19 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. Well 6" casing 70' Deep 1 1/2 h.p. 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)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: type and Number of livestock) 1 household

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MAR 09 1993

10. Place of use is: Township: 9s Range 25e

Section 19, 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 X 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) James L. McBride

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) James L. McBride Date 6-2-89
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 Id)
County of Cassia) SS.

Subscribed and sworn (or affirmed) before me this 2 day of Jan 19 89

SEAL

Notary Public John Dalaker

Residing at Boonville

My Commission Expires 4/2/94

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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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

June 16, 1989

James L. or Melani S. McBride
Rt. 1 Box 305B
Rupert, ID 83350

RECEIVED

JUN 28 1989

Department of Water Resources
Southern Region Office

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 1540 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 *← Date Well was First Used, -(See remarks)*
- [] 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 *Wells drilled after 11/19/1987 are automatically included in the adjudication process, however you may file this claim if you desire to do so, even tho well was drilled after 11/19/1987*

~~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
Bob Worstell
Water Resource Agent

Encl:

Sorry! I
Connect it the date
of priority
MICROFILMED
MAY 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

Sept. 5, 1989

Re: A45-11776

JAMES L MC BRIDE
RT 1 BOX 305-B
RUPERT ID 83350

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,

A handwritten signature in cursive script, appearing to read 'Judy'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED
MAR 09 1993

OLD (D) NUMBER -

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524
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PHONE - 208-436-0457

+ - - - STATUS - - - - +

+ - - - - - - - - - - TRIBUTARY - - - - - - - - - - - - - - - - +

09S 25E 19 NW NE (31) CASSIA

| | | | | |
|-------------------------|---------------------------|-----------------------------|-------------------------------|------------------|
| + - TOTAL DIV. RATE - + | + - TOTAL DIV. VOLUME - + | + - TOTAL DIV. CAPACITY - + | + - TOTAL CONSUMPTIVE USE - + | + - KW USAGE - + |
| 0.040 | | | 0.0 | |

| TWN | RNG | SEC | TRACT | LOT | ACRES | PLACE OF USE
CODE | DESCRIPTION | COUNTY |
|-----|-----|-----|-------|-----|-------|----------------------|-------------|--------------|
| 09S | 25E | 19 | NW NE | | | 43 | DOMESTIC | (31) CASSIA |

+ - - DIVERSION MEANS - 6" X 70' WELL, 1.5 HP PUMP.

+ - - NON-IRRIGATION USE - D/I HOUSE.

+ - - 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. MICROFILMED

MICROFILMED

001 20 1334

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - DECREE DATE - +
00/00/0000

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

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| | | | | | | | | |
|-----------------------|---|------------|-----------------------|---|------------|-------------------------|---|-------|
| 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 | - | 06/28/1989 | 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 | - | S003402 | FEDERAL/STATE INDICATOR | - | S |
| CLAIMS TAPE ERROR FLG | - | | PDU OWNERSHIP FLAG | - | Y | PRESUMPTION FLAG | - | |
| FEE EXEMPT FLAG | - | | NAME CONNECTOR | - | OR | NOTICE OF ERROR FLAG | - | |

09525E190625

ENTERED 12-31-92
CHECKED 2/6/93

"Verified By"
Topo Map/Ortho-PQ
ASCS Map
Watermaster Records
NAPP Photos
Field Exam
Other (See Remarks)
County Records
Witness Statement
Project Records
IDWR Records

VERIFIED
NO. VERIFIED
NOV 13 1991

CERTIFIED
DEC 23 1991
WATER EXAMINER