

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1272

RIGHT NUMBER: 45-11778

NAME & ADDRESS: MARLENE B YOST
2918 HILAND AVE
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: 07/01/1916

POINT OF DIVERSION: T10S R23E S32 SESENE 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 R23E S32 SENE

DOMESTIC Within CASSIA County
T10S R23E S32 SENE

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. 10S23E320500
STOCKWATER, 25 HEAD

Claim proofread by: CL

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: A45-11778
Date Received: 6/29/1989
Receipt No: S008411
Received By: B. J. ZK

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MARLENE B. YOST
Address: 2918 HILAND AVE.
BURLEY, ID 83318 208-678-5191

2. Date of Priority: JUL 01, 1916

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	23E	32	SE	SE	NE		CASSIA

5. Description of diverting works:
6" X 180' WELL, 2-1/2 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		
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/25 HEAD.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	23E	32	SE	NE		STOCK	
			SE	NE		DOMEST	

A45-11778

Page 1

Date: 06/29/89

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:
IRRIG. WATER FROM THE BURLEY IRRIG. DIST.

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. A45-11778Date Received 6-08-89Receipt Number 5008411RECEIVED NOTICE OF CLAIM
TO A
WATER RIGHT

JUN 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) Marlene B. Yost Phone (208) 678-5191Mailing Address 2918 Hiland Ave, Burley, Idaho Zip 833182. Date of Priority (Only one per claim) 1 July 1916 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 10 Range 23Section 32, SE 1/4 of SE 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, 180' deep, 2 1/2 HP submersiblepump, 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 Stockwater purposes from 1-1 Month/Day to 12-31 Month/Day 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) Domestic 1 home stockwater 25 hd

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10. Place of use is: Township: 10 Range 23

Section 32, SE 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 A45-11778

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 ()

BID

4 cubic ft.

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) Marlene B. Frost Date 6-7-89

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 _____) SS.

County of Cassia)

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

SEAL

Notary Public [Signature]

Residing at Burley, Idaho

My Commission Expires March 15, 1991

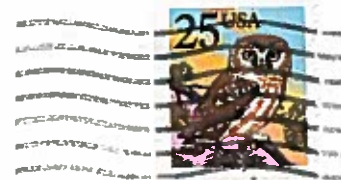
Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

MICROFILMED

MAR 09 1993

Marlene B. Yost
2918 Hiland Avenue
Burley, Idaho 83318



MICROFILMED
MAR 09 1993

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



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 19, 1989

Marlene B. Yost
2918 Hiland Ave.
Burley, ID 83318

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 1065 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 (by anyone) Must be included*
- [] 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

~~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:

RECEIVED

JUN 29 1989

Department of Water Resources
Southern Region Office

MICROFILMED

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

• July 3, 1989

A4E-11778

- Marlene B. Yost
- 2918 Hiland Ave.
- Burley, Idaho 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,

A handwritten signature in black ink, appearing to read 'Judy Givens', written over a horizontal line.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED
MAR 09 1993

OLD (D) NUMBER -

```

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

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1 - 2918 HILAND AVE.

2 -
3 -

STATE- ID ZIP- 83318

+ - - - STATUS - - - - +

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

[illegible]

10S 23E 32 SE SE NE (31) CASSIA

CODE	DESCRIPTION	PERIOD FROM	PERIOD TO	WATER USE	DIVERSION RATE	DIVERSION VOLUME
1	1	1	1	1	1	1

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		

TWN	RNG	SEC	TRACT	LOT	ACRES	PLACE OF USE CODE	DESCRIPTION	COUNTY
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10S	23E	32	SE NE	04	STOCKWATER	(31)	CASSIA
10S	23E	32	SE NE	43	DOMESTIC	(31)	CASSIA

+ - - DIVERSION MEANS - 6" X 180' WELL, 2-1/2 HP PUMP.

+ - - NON-IRRIGATION USE - D/1 HOUSE, S/25 HEAD.

+ - - OTHER RIGHTS FOR SAME USE - NONE

+ - - - - - REMARKS - - - - - +	
	IRRIG. WATER FROM THE BURLEY IRRIG. DIST.

+ - - - - - OLD WATER RIGHT NUMBERS - - - - - +
NO OLD WATER RIGHT NUMBERS FOUND.

-----+
 NO CONDITIONS OF APPROVAL FOUND.
 -----+
 RECEIVED

+ - DECREE DATE - +
00/00/0000

CERTIFIED
DECEMBER 1991
WATER EXAMINER