

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1318

RIGHT NUMBER: 45-11835

NAME & ADDRESS: SCOTT W LARSEN
ALITA M LARSEN
110 S CENTER ST
WALLSBURG UT 84082

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 04/01/1936

POINT OF DIVERSION: T10S R23E S28 SENENE 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
T10S R23E S28 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. 10S23E280550

Claim proofread by: CW
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: A45-11835
Date Received: 6/14/1989
Receipt No: S008525
Received By: R.V. 31

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SCOTT W. LARSEN 801-377-1161
Address: 110 SOUTH CENTER ST.
WALLSBURG, UT 84082

AND

Name: ALITA M. LARSEN 801-377-1161
Address: 110 SOUTH CENTER ST.
WALLSBURG, UT 84082

2. Date of Priority: APR 01, 1936

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
10S	23E	28	SE	NE	NE		CASSIA

5. Description of diverting works:
6" X 70' WELL.

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
10S	23E	28	NE 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 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. A45-11835Date Received 6-14-89Receipt Number 5008525 See

RECEIVED

NOTICE OF CLAIM
TO A
WATER RIGHT

JUN 14 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) Scott W Larsen and Alita M. Larsen Phone (801) 377-1167 (work)
(801) 654-3431 (home)Mailing Address 110 South Center St, Wallsburg, UT Zip 840822. Date of Priority (Only one per claim) 4/1/36 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 10 South Range 23 East
Section 28, 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. 6" cased well, 70 feet deep, piped 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 .04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____7. Total quantity claimed .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) 1 Household

MICROFILMED

MAR 10 1993

10. Place of use is: Township: 10 S Range 23 E
Section 28 ^{SE 1/4} 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 None

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) Scott W. Larsen

Number of Attachments 0

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

Signature of Claimant (s) Scott W. Larsen Date 6/12/89

Alton M. Larsen Date 6/12/89

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 _____ } SS.

County of _____ }

Subscribed and sworn (or affirmed) before me this 12th day of June 19 89

SEAL

Notary Public [Signature]

Residing at Payson, Utah

My Commission Expires 11/90

Last Name Larsen (Scott W. and Alton M.) Ident No. _____

Copies: White-State, Yellow-Claimant

MICROFILMED
MAR 10 1993

SCOTT L ARSEN
Rt 2, Box 56
Wallsburg, UT
84082



Idaho Department of Water Resources

2148 4th Ave. E.

Twin Falls, ID 83301

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MAR 10 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 20, 1989

Scott W. Larsen
110 South Center St.
Wallsburg, UT
84082

RECEIVED

JUL 10 1989

Department of Water Resources
Southern Region Office

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 6880 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
- [x] Improper fee (THE CORRECT FEE IS \$ 75.00)
- [] Other or Remarks

Postmarked After June 8th, Late Fee is Due.

~~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.

Sincerely,

Allen Merritt by *Steve Chiles*

Allen Merritt, P.E.
Water Rights Supervisor

ADM:adm *sc*
Enclosures:

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MAR 10 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. 11, 1989

Re: A45-11835

. SCOTT W LARSEN
. 110 SOUTH CENTER ST
. WALLSBURG UT 84082

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 cursive script, appearing to read 'Judy Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 10 1993

WATER RIGHT NUMBER - A45-11835

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

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

+ - FIRST NAME - - +

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

*** C - CURRENT OWNER ***
LARSEN

SCOTT W.

1 - 110 SOUTH CENTER ST.

2 -

3 -

CITY- WALLSBURG

STATE- UT ZIP- 84062

PHONE - 901-277-1161

LARSEN

ALITA M.

1 - 110 SOUTH CENTER ST.

2 -

3 -

CITY- WALLSBURG

STATE- UT ZIP- 84062

PHONE - 801-377-1161

+ - - PRIORITY DATE - - +
04/01/1936

+ - - - REGION - - - +
17 SOUTHERN

+ - - - STAGE - - - +
J - BENEFICIAL USE

+ - - - STATUS - - - - +

+ - - - - SOURCE - - - - - +
GROUNDWATER

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

[illegible]

10S 23E 28 SE NE NE (31) CASSIA

| CODE | DESCRIPTION | PERIOD FROM | PERIOD TO | WATER USE | DIVERSION RATE | DIVERSION VOLUME |
|---------------|-------------|-------------|-----------|-----------|----------------|------------------|
| 43 - DOMESTIC | | 01/01 | 12/31 | | 0.040 | |

| + - 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 |
|-----|-----|-----|-------|-----|-------|----------------------|-------------|--------------|
| 10S | 23E | 28 | NE NE | | | 43 | DOMESTIC | (31) CASSIA |

+ - - DIVERSION MEANS - 6" X 70' WELL.

+ - - NON-IRRIGATION USE - D/1 HOUSE.

+ - - OTHER RIGHTS FOR SAME USE - NONE.

| | REMARKS |
|--|-------------------|
| | NO REMARKS FOUND. |

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

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

MICROFILMED
OCT 28 1994

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - DECREE DATE - +
00/00/0000

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
                                     - - -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 | - | 07/11/1989 | 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 | - | S003525 | FEDERAL/STATE INDICATOR | - | S |
| CLAIMS TAPE ERROR FLG | - | | POU OWNERSHIP FLAG | - | Y | PRESUMPTION FLAG | - | |
| FEE EXEMPT FLAG | - | | NAME CONNECTOR | - | AND | NOTICE OF ERROR FLAG | - | |

ENTERED 1-4-43
CHECKED 2/3/43

NOV 15 1951

SEP 17 1991

CERTIFIED

DEC 23 1991

WATER EXAMINER