

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

3/10/98 AM

IMPORTANT WATER RIGHT INFORMATION

249 W. 200 S.
4J-11043
SYLVIA BECK
RT 4 BOX 4049
BURLEY ID 83318

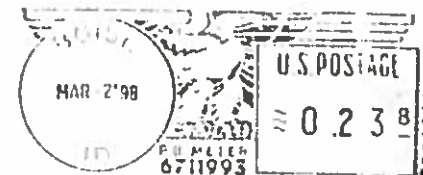
45-11843

RECEIVED

MAR 06 1998

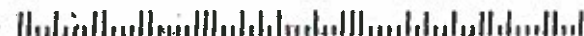
Department of Water Resources

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03/10/98



45-11843

83318 45-11843-0000



AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1325

RIGHT NUMBER: 45-11843

NAME & ADDRESS: SYLVIA BECK
RT 4 BOX 4049
BURLEY ID 83318

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 12/31/1940

POINT OF DIVERSION: T11S R22E S02 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
T11S R22E S02 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. 11S22E020600

Claim proofread by: CN
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: A45-11843

Date Received: 6/07/1989

Receipt No: S008518

Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: SYLVIA BECK 208-678-5811
Address: RT. 4, BOX 4049
BURLEY, ID 83318

2. Date of Priority: DEC 31, 1940

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
11S	22E	2	NW	NW	NE		CASSIA

5. Description of diverting works:
8" X 300' 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		

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
11S	22E	2	NW	NE		DOMEST	

11. Place of use in counties: CASSIA

A45-11843

Page 1

Date: 07/11/89

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MAR 10 1993

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. A45-11843Date Received 06-07-1989Receipt Number 5008518

RECEIVED

JUN 7 1989

Department of Water Resources
Southern Region OfficeNOTICE OF CLAIM
TO A
WATER RIGHT

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) Sylvia Beck Phone (208) 678-5811Mailing Address R#4 Box 4049 Burley Idaho Zip 833182. Date of Priority (Only one per claim) 12/31/1915 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) Domestic well
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township 11 Range 22Section 2, NW 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. 8" x 300' Well, with Pump

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from year round to _____ amount _____ (cfs)

(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed _____ (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) D/I House

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10. Place of use is: Township: 11 Range 22

Section 2, NW 1/4 of NE 1/4, Govt. Lot _____, B.M.,

County of _____ 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) Sylvia Beck

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) Sylvia Beck Date 6-6-89

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 6th day of June 19 89

SEAL

Notary Public [Signature]

Residing at _____

My Commission Expires _____

MY COMMISSION EXPIRES 9-15-93
NOTARY PUBLIC
RESIDING AT RUPERT, IDAHO

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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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

Sylvia Beck
RT. 4, Box 4049
Burley, Idaho
83318

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check^s # 145 + #146 each for \$ 85.00 each 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:

- | | | | |
|-----|------------------|-------------------------------|--|
| [X] | Item #2 | Priority | - <i>Estimated</i> <i>Dates wells were first used - by anyone.</i> |
| [✓] | Item #4 | Point of Diversion | Legal Description |
| [✓] | Item #6 | Uses descriptions | <i>amount of water</i> |
| [] | Item #9 | Description of Non-irrigation | Uses - <i>needs 1/4 - 1/2 descriptions</i> |
| [✓] | 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:

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MAR 10 1993

PREFIX TRANSLATION: ADJUDICATION CLAIM

+-----+-----ADJUDICATION RIGHTS DATES AND FLAGS AREA-----+
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11522E0 20600

ENTERED 1-4-93
CHECKED 2/3/93

VERIFIED
NOV 15 1991

SEP 17 1991

CERTIFIED
DEC 23 1991
WATER EXAMINER