

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1359

RIGHT NUMBER: 45-11887

NAME & ADDRESS: SHERRI L HARRIS  
WARREN T HARRIS  
RT 1 BOX 88  
DECLO ID 83323

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 12/31/1939

POINT OF DIVERSION: T10S R24E S26 SESWSE 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 R24E S26 SWSE

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. 10S24E269400

Claim proofread by: \_\_\_\_\_

Date: 9-29-97

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: A45-11887  
Date Received: 8/01/1989  
Receipt No: S008706  
Received By: lm

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: WARREN T. HARRIS 208-654-2219  
Address: RT 1, BOX 88  
DECLO, ID 83323

AND/OR

Name: SHERRI L. HARRIS 208-654-2219  
Address: RT 1, BOX 88  
DECLO, ID 83323

2. Date of Priority: DEC 31, 1939

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County |
|----------|-------|---------|--------|--------|--------|-----|--------|
| 10S      | 24E   | 26      | SE     | SW     | SE     |     | CASSIA |

5. Description of diverting works:  
WELL, 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 |
|----------|-------|---------|--------|-----|-----|--------|-------|
| 10S      | 24E   | 26      | SW     | SE  |     | 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:  
B.I.D. WATER

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. \_\_\_\_\_

Date Received \_\_\_\_\_

Receipt Number \_\_\_\_\_

NOTICE OF CLAIM  
TO A  
WATER RIGHT

RECEIVED

JUL 26 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) WARREN T HARRIS and Sherril Phone ( ) 654-2219

Mailing Address RT. 1, Box 88 Declo, ID Zip 83323

2. Date of Priority (Only one per claim) 12/31/1939 Month/Day/Year

3. 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 10S Range 24E

Section 26, SE 1/4 of SW 1/4 of SE 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 + Pump

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

For Domestic purposes from 4/1 to 12/31 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 minimus

9. 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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MAR 10 1993

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

Section 26 SW 1/4 of SE 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 ( )

14. Remarks: Irrig water from the Burley Irrig. Dist.

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) Shirley L. Harris Date 7-24-89

\_\_\_\_\_ 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 Twin Falls ) SS.

Subscribed and sworn (or affirmed) before me this 24th day of July 1989

SEAL

Notary Public Robert J. Stortell

Residing at Twin Falls, Idaho

My Commission Expires 1/16/1995

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

Aug. 23, 1989

Re: A45-11887

WARREN T HARRIS  
RT 1 BOX 88  
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,

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

Judy Givens  
Adjudication Secretary

/jg

Enclosures:

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MAR 10 1993



CERTIFIED  
DEC 23 1991  
WATER EXAMINER