

AJ5856NP

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

DATE: SEP-9-1997
PAGE: A-1387

RIGHT NUMBER: 45-11925
NAME & ADDRESS: DON JACOBS
NONA JACOBS
RT 1 BOX 80
DECLO ID 83323

SOURCE: GROUNDWATER

QUANTITY: 0.07 CFS

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

PRIORITY DATE: 01/01/1915

POINT OF DIVERSION: T10S R25E S30 SESESW Within CASSIA County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.03 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE:	STOCKWATER	Within CASSIA County
	T10S R25E S30	SESW
	DOMESTIC	Within CASSIA County
	T10S R25E S30	SESW

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. 10S25E306000
STOCKWATER, 100 HORSES OR RANGE

Claim proofread by: CVI

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: A45-11925
Date Received: 10/20/1989
Receipt No: S010249
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DON JACOBS 208-654-2356
Address: RT. 1 BOX 80
DECLO, ID 83323

OR
Name: NONA JACOBS 208-654-2356
Address: RT. 1 BOX 80
DECLO, ID 83323

2. Date of Priority: JAN 01, 1915

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	25E	30	SE	SE	SW		CASSIA

5. Description of diverting works:
6" X 31'8" DEEPENED IN 1958 TO 50'

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	0.030		

7. Total Quantity Appropriated is:
0.070 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/ 1 HOMESTEAD, S/ UP TO 100 HORSES OR RANGE

A45-11925

Page 1

Date: 10/20/89

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	25E	30	SE	SW		DOMEST	
			SE	SW		STOCK	

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. 445-11925

Date Received _____

Receipt Number 5010249 *Adm*

RECEIVED NOTICE OF CLAIM RECEIVED
TO A
OCT 20 1989

Department of Water Resources
Southern Region Office

WATER RIGHT

ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Don or Nona Jacobs Phone (208) 654-2356Mailing Address Route 1, Box 80, Declo, Idaho (Cassia Co.) Zip 833232. Date of Priority (Only one per claim) 1-1-1915 Month/Day/Year3. 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 7111N 10 Range 25Section 30 , SE 1/4 of 7111N SE 1/4 of SW 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. This original homestead well was deepened to 50' and completed 9-15-58.6" drilled hole with 3/16" black steel pipe to 31'8" into hard rock.

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 0.03 (cfs)7. Total quantity claimed 0.07 (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) 51-100 cattle & Horses

DEC 03 1996

10. Place of use is: Township: 10 Range 25

Section 30, SE 1/4 of SW 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: _____

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)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood the form entitled "How you will receive notice in the Snake River Basin Adjudication". (b.) I/We do _____ do not x wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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) Don R. Jacobs Date _____

Nona M. Jacobs Date 9-29-89

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 _____)

County of _____) SS.

Subscribed and sworn (or affirmed) before me this 29th day of September 19 89

SEAL

Notary Public Ardis Land

Residing at Burley, Ida

My Commission Expires Oct 20, 1991

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant **DEC 03 1996**



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

.Oct. 24, 1989

Re: A45-11927

A45-11926

A45-11925

.DON JACOBS
.RT 1 BOX 80
.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 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:

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State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

10-3-89

R. KEITH HIGGINSON
Director

Don or Noia Jacobs

Rt. 1 Box 80

Declo, Id. 83323

A45-11925

11926

11927

RE: SRBA Claim

Dear Claimant:

Please find enclosed your claim and your check # 2302 for \$ 25, 25, 25 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
- [✓] Improper fee (THE CORRECT FEE IS \$ 75 per claim)
- [] Other or Remarks

(E $\frac{1}{2}$ not enough)

$\frac{1}{4}$ NW $\frac{1}{4}$

Cassia Deadline = 6/8/89

\$50 late fee
25 filing fee
\$75 per claim

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,

Lori White

Lori White

Sr. Water Resource Agent

Encl:

DEC 03 1996

PREFIX TRANSLATION: ADJUDICATION CLAIM

CERTIFIED
DEC 8 3 1991
WATER EXAMINER