

AJ5856NP

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

DATE: SEP-9-1997

PAGE: A-1390

RIGHT NUMBER: 45-11930

NAME & ADDRESS: KRIS A HANSEN
ROSE M HANSEN
RT 4 BOX 4227-A
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: 09/23/1989

POINT OF DIVERSION: T10S R22E S30 SWNW 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 MINIDOKA County
T10S R22E S30 SWNW

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. 10S22E303775

Claim prepared by: CM

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: A45-11930
Date Received: 10/11/1989
Receipt No: S009905
Received By: B. V. St.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: KRIS A. HANSEN 208-678-1639
Address: RT. 4, BOX 4227-A
BURLEY, ID 83318

AND
Name: ROSE M. HANSEN 208-678-1639
Address: RT. 4, BOX 4227-A
BURLEY, ID 83318

2. Date of Priority: SEP 23, 1989

3. Source: GROUNDWATER. Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	22E	30	SW	NW			CASSIA

5. Description of diverting works:
6" X 165' WELL, 1.5 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		

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	22E	30	SW	NW		DOMEST	

11. Place of use in counties: MINIDOKA

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 FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576 A45-11930
Identification No. A36-13342
Date Received 10-11-89
Receipt Number 5009905 s.c.

NOTICE 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.

RECEIVED

OCT 11 1989

Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) KRIS A. & Rose M. HANSEN Phone (208) 678-1639

Mailing Address Route #4 Box 4227A Burley, ID Zip 83318

2. Date of Priority (Only one per claim) 9/23/89 Month/Day/Year

3. Source of water supply (Check one) (x) Groundwater or Other () (a) _____
Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 10 South Range 22 East

Section 30, SW 1/4 of NW 1/4 of _____ 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. 165 ft. deep, 6" casing, 1 1/2 hp submersible, 1 1/2" pipe to house

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

For Domestic purposes from Jan 1st to Dec. 31st amount 0.04 (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) Domestic

MICROFILMED

MAR 10 1993

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

Section _____ 1/4 of _____ 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)

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 xxx

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

Signature of Claimant (s) x *Kyle Hansen* Date 10/9/89

x *Rose M Hansen* Date 10/9/89

For Organizations: I do solemnly swear or affirm that I am _____

of _____, Title _____, 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 Minidoka) SS.

Subscribed and sworn (or affirmed) before me this 9th day of October 19 89

SEAL

Notary Public *Eric Jonnesbeck*

Residing at *Paul, Idaho*

My Commission Expires *Jan 24, 1993*

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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MAR 10 1993

S009905

10/12/89
09:18:34

HANSEN, KRIS A.

ADJUDICATION FEE

0410162 9337 6490

\$25.00

\$25.00

CHECK 1748

WR/NO: A45-11930

Idaho Department of Water Resources

Region: SOUTHERN

Signature: _____

*Changed .
fro —
Desin 36*

10/32/89

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MAR 10 1993

RECEIPT
For Monies Paid
to the
IDAHO DEPARTMENT OF WATER RESOURCES

Receipt No: 5009905

Date: 10/12/89
Time: 09:18:34

Received From: HANSEN, KRIS A.

Type of Payment	Program Acct Class	Amount
ADJUDICATION FEE	0410162 9337 6490	\$25.00

Total \$25.00

CHECK 1748

WR/NO: A36-13342

Idaho Department of Water Resources

Region: SOUTHERN

Signature: 

MICROFILMED
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

Nov. 7, 1989

Re: A45-11930

KRIS A HANSEN
RT 4 BOX 4227-A
BURLEY ID 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 cursive script, appearing to read 'Judy Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

MICROFILMED

MAR 10 1993

CLO (D) NUMBER -

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

PHONE - 208-678-1639

+ - - - STATUS - - - - +

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

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

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 201

MICROFILMED
OCT 28 1994

